

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209		
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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #K00090425.	F 000			
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This Requirement is not met as evidenced by: The facility reported a census of 72 residents with 27 residents in the sample. Based on observation, interview, and record review the facility failed to ensure bathing preferences were honored for 1 of 3 resident's sampled for choices. (#356) Findings Included: - Review of the resident #356's signed practitioner progress note dated 8/5/2015 documented the following diagnoses: arthritis (an inflammation of a joint characterized by pain, swelling, heat, redness and limited movement) and cellulitis of the upper arm (a skin infection caused by bacteria). The resident had no MDS (Minimum Data Set) or CAAs (Care Area Assessments) due to the length of stay criteria was not met. Review of the initial care plan dated 8/4/2015 documented the resident had no cognitive impairment. The resident had an ADL (Activities of Daily Living) self-care performance deficit.	F 242			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 242	<p>Continued From page 1</p> <p>Bathing preference was not identified on the care plan.</p> <p>Review of a resident activity preference assessment dated 8/5/2015 documented it was very important to him/her to choose between a bath, shower, bed bath, or sponge bath. The assessment lacked the number of days the resident preferred to bathe.</p> <p>Review of the shower schedule revealed staff scheduled the resident for showers on Monday and Thursday evenings based on his/her room number.</p> <p>During an observation on 08/17/2015 at 7:47 A.M. the resident sat at the dining room table. He/she had uncombed hair, had clean skin, and wore clean clothes.</p> <p>During an interview on 8/11/2014 at 4:36 P.M. the resident stated the facility scheduled him/her for showers on Mondays and Thursdays. The resident stated he/she preferred a shower every other day.</p> <p>During an interview on 08/13/2015 at 1:06 P.M. direct care staff U stated resident's were scheduled for showers twice a week based on his/her room number.</p> <p>During an interview on 08/17/2015 at 6:45 A.M. direct care staff T stated resident's were scheduled for baths or showers based on room numbers.</p> <p>During an interview on 08/17/2015 at 1:57 P.M. licensed nursing staff QQ reported there was no documentation that resident's were asked how many baths or showers they preferred a week.</p>	F 242			

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F 242	Continued From page 2 He/she stated residents were scheduled for 2 showers a week based on his/her room number. During an interview on 08/17/2015 at 4:52 P.M. administrative nursing staff D stated every resident was scheduled for 2 showers a week. Staff D stated resident's were asked on admission if they preferred an evening or day bath or shower, however were not asked how many baths or showers they preferred a week. Staff D expected staff to ask residents how often they preferred to bath. The facility failed to determine and provide resident #356 with the number of showers he/she preferred a week.	F 242			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).	F 279			

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F 279	<p>Continued From page 3</p> <p>This Requirement is not met as evidenced by: The facility identified a census of 72 residents. The sample included 27 residents. Based on observation, record review, and interview the facility failed to develop a comprehensive care plan for 1 resident sampled resident (#65) for activities of daily living (ADLs) and use of a urinary catheter.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #65's electronic record documented he/she admitted to the facility on 9/16/15 with diagnoses that included urinary frequency (more than normal times of voiding) and debility (physical weakness). <p>The significant change Minimum Data Set (MDS) assessment dated 3/18/15 recorded the resident had a Brief interview for Mental Status score of 15 which indicated his/her cognition was intact. The resident required extensive assistance of one to two staff with all activities of daily living (ADLs), was incontinent of bowel, and had an indwelling Foley catheter.</p> <p>The significant change Care Area Assessment dated 3/18/15 lacked documentation for the resident's urinary catheter use and/or ADL cares/mobility or transfer status.</p> <p>Review of the physician order sheet (POS) recorded an order dated 8/15/15 to change the Foley catheter on the 5th of each month and an order dated 8/17/15 to provide catheter care every shift. The POS lacked documentation of a clinical reason or medical need associated with the Foley catheter.</p>	F 279			

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F 279	<p>Continued From page 4</p> <p>The resident's care plan revised 7/22/15 lacked any reference to the resident use or associated cares of the Foley catheter or ADLs.</p> <p>Observation on 8/13/15 at 8:07 A.M. during A.M. care with direct care staff resident #65 was in bed with the bed in the low position, unshaven, dressed with a disheveled appearance. The catheter bag was on the floor, and the room smelled of urine.</p> <p>Interview on 8/18/15 at 2:00 P.M. administrative licensed nurse D stated there was a disruption in care planning when the facility recently switched computer programs.</p> <p>The facility resident/family participation Assessment Care Plans policy revised December 2007 lacked documentation related to the development of resident care plans</p> <p>The facility failed to develop a comprehensive care plan that addressed the urinary catheter use and ADL care for this dependent resident.</p>	F 279			
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs,</p>	F 280			

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F 280	<p>Continued From page 5</p> <p>and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 72 resident with 27 residents in the sample. Based on observation, interview, and record review the facility failed to review and revise the care plan and failed to inform resident #53's responsible party of changes to the resident's care and treatment for 1 of 27 resident's reviewed.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #53's signed physician order sheet dated 6/4/2015 documented the following diagnoses: dementia (progressive mental disorder characterized by a failing memory and confusion) and diabetes mellitus (when the body could not use glucose, did not make enough insulin, or the body could not respond to the insulin). <p>Review of the admission MDS (Minimum Data Set) dated 10/2/2014 documented a BIMS (Brief Interview for Mental Status) score of 12, which indicated moderate cognitive impairment. The resident did not reject care. The resident required extensive assistance of 2 or more staff with bed mobility, transfers, and toileting; did not walk; and used a wheelchair for mobility. The resident received 6 days of occupational therapy</p>	F 280			

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F 280	<p>Continued From page 6 and 5 days of physical therapy during the 7 day observation period.</p> <p>Review of the quarterly MDS dated 6/8/2015 documented the resident scored a 9 on his/her BIMS, which indicated moderate cognitive impairment. He/she required extensive assistance of 2 staff with bed mobility, transfers, and toileting; and ambulated only once or twice with assistance of one staff during the 7 day observation period. The resident was only able to stabilize balance with staff assistance and used a walker and a wheelchair for mobility. The resident received 1 day of restorative for transfer practice and 1 day of restorative for eating/swallowing practice during the 7 day observation period.</p> <p>Review of the Cognition CAA (Care Area Assessment) dated 10/6/2014 documented the resident had dementia and scored a 12 on his/her BIMS, which indicated moderate cognitive impairment.</p> <p>Review of the ADL (Activities of Daily Living) CAA dated 10/8/2014 documented the resident required extensive assistance with transfers, bed mobility, dressing, toileting, and bathing, and required limited assistance with personal hygiene. He/she worked with therapy to improve his/her strength and endurance.</p> <p>Review of the resident's care plan dated 3/25/2015 documented the resident required supervised to extensive assistance with ADL's. The care plan directed staff and to provide a restorative program for ambulation.</p> <p>On 7/30/2015 a physician order documented the resident was to walk to dine using his/her walker</p>	F 280			

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F 280	<p>Continued From page 7</p> <p>with contact guard assistance and his/her wheelchair to follow.</p> <p>During an observation on 08/13/2015 at 7:28 A.M. direct care staff O entered the resident's room and assisted the resident with dressing and pericare. Staff O told the resident he/she would return to assist the resident with walking to breakfast and then exited the room.</p> <p>During an observation on 08/13/2015 at 8:04 A.M. the resident self propelled in his/her wheelchair to the dining room. Staff O did not return to assist the resident with walking to the dining room.</p> <p>During an observation on 08/17/2015 at 7:10 A.M. staff Q assisted the resident with a shower and dressing. Staff Q did not offer to assist the resident with walking to the dining room.</p> <p>During an interview on 08/17/2015 at 7:34 A.M. the resident said he/she should walk to the dining room with staff, but did not. The resident stated, "I don't know why" when asked why he/she did not walk to the dining room for meals.</p> <p>During an interview on 08/17/2015 at 9:39 A.M. direct care staff Q reported the resident was not on a walk to dine program.</p> <p>During an interview on 08/17/2015 at 1:15 P.M. licensed nursing staff K stated the nurses knew if a resident was on a walk to dine program by checking orders and the CNAs (certified nursing assistants) were made aware by checking the kardex (a mini careplan) available to them in the electronic record. Staff K reported the resident was on a walk to dine program beginning 7/30/2015. The nurse was unsure who documented the program or where the</p>	F 280			

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F 280	<p>Continued From page 8</p> <p>documentation was located. Staff K confirmed the resident did not walk to dine this morning and stated he/she did not know if staff asked the resident..</p> <p>During an interview on 08/17/2015 at 5:00 P.M. administrative nursing staff D stated CNAs were notified when a resident was placed on a walk to dine program. and were responsible for the walk to dine program. Staff D confirmed the record lacked documentation the walk to dine program occurred since 7/30/2015. Staff D stated the electronic record did not direct the CNAs to document the walk to dine program and that was the reason the CNAs did not perform the program.</p> <p>During an interview on 08/17/2015 at 5:00 P.M. administrative nursing staff D stated he/she expected the walk to dine program included on the comprehensive care plan. Staff D stated the MDS Coordinators were responsible for revising the care plan as needed.</p> <p>The facility failed to provide a requested care plan revision policy as requested on 8/17/2015 at 11:10 A.M.</p> <p>The facility failed to revise the resident's care plan on 7/30/2015 to include a physician ordered walk to dine program.</p> <p>- Review of resident #53's signed physician order sheet dated 6/4/2015 documented the following diagnoses: dementia (progressive mental disorder characterized by a failing memory and confusion) and diabetes mellitus (when the body could not use glucose , did not make enough</p>	F 280			

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F 280	<p>Continued From page 9</p> <p>insulin, or the body could not respond to the insulin).</p> <p>Review of the admission MDS (Minimum Data Set) dated 10/2/2014 documented a BIMS (Brief Interview for Mental Status) score of 12, which indicated moderate cognitive impairment. He/she did not reject cares. The resident required extensive assistance of 2 or more staff with bed mobility, transfers, and toileting and used a wheelchair for mobility. The resident was frequently incontinent of urine and bowel and was not on a toileting schedule. The resident was not at risk for the development of pressure ulcers and had no pressure ulcers, venous ulcers (wound cause by improper valve function), arterial ulcers (wound caused by inadequate blood flow), diabetic ulcers (wound caused by complications from high blood sugars), or other skin issues. The resident had a pressure reducing device for the bed and chair and had ointment/medications applied to his/her feet.</p> <p>Review of the quarterly MDS dated 6/8/2015 documented the resident scored a 9 on his/her BIMS, which indicated moderate cognitive impairment. He/she did not reject cares. The resident required extensive assistance of 2 staff with bed mobility, transfers, and toileting, and used a walker and a wheelchair for mobility. The resident was frequently incontinent of urine and bowel and was not on a toileting schedule. The resident had no pressure ulcers, venous ulcers, arterial ulcers, diabetic ulcers, or other skin issues.</p> <p>Review of the Pressure Ulcer CAA dated 10/8/2015 documented the resident was at risk for the development of pressure ulcers due to his/her incontinence and need for assistance with</p>	F 280			

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F 280	<p>Continued From page 10 bed mobility and transfers.</p> <p>Review of the resident's care plan dated 3/25/2015 documented the resident was at risk for the development of pressure ulcers. The care plan directed staff to consult with dietary as needed to adjust the diet and supplements as indicated, reposition frequently, toilet regularly to avoid incontinence, inspect the skin daily during routine ADL assistance, encourage by mouth intake, elevate heels off of the mattress, check every 2 hours for incontinence, provide peri care with skin barrier treatment, keep skin clean, dry, and well lubricated, and use pillows, pads, or wedges to reduce pressure on heels and pressure points. On 6/29/2015 staff revised the care plan to include an infection to the resident's 2nd toes on both feet. The care plan directed staff to administer antibiotic as ordered, maintain universal precautions when providing cares, and to monitor/document/report any signs/symptoms of infection and/or antibiotic complications.</p> <p>Review of nursing notes documented the following: On 8/13/2015 at 3:44 P.M. nursing staff notified the physician of a new area to the resident's right inner buttock and staff obtained new treatment orders.</p> <p>A review of a progress note from wound consultant GG dated 6/26/2015 documented the resident had pressure ulcers to his/her bilateral 2nd toes. The 2nd right toe had eschar (dead tissue) and early cellulitis (a skin infection caused by bacteria) and the left second toe had eschar. The physician ordered an antibiotic and Betadine (an antiinfective medication) for treatment.</p>	F 280			

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F 280	<p>Continued From page 11</p> <p>During an observation on 08/13/2015 at 11:44 A.M. licensed nursing staff K confirmed the resident had a reddened, non blanchable area to his/her right inner buttock.</p> <p>During an observation on 08/17/2015 at 7:10 A.M. the resident sat in the shower in his/her bathroom. The resident's right and left foot second toes had pencil eraser sized black area, without drainage or redness.</p> <p>During an interview on 08/13/2015 at 12:10 P.M. a resident's family member stated he/she believed the resident's wound to his/her right and left foot second toes were a result of scraping against his/her bed. The family member believed the room arrangement made it difficult for the resident to get to his/her recliner due to the positioning of his/her bed in relationship to his/her recliner. The family member stated he/she found the wounds on the resident's toes on June 20, 2015 and sent an email with photographs of the wounds to the facility and the practitioner on June 21, 2015.</p> <p>During an interview on 08/17/2015 at 9:43 A.M. direct care staff said the resident had sores to his/her toes and bottom. Staff Q reported the resident's buttocks was red and chapped a couple of weeks ago and stated the nurse instructed him/her to apply protective ointment on the resident. Staff Q stated the current interventions to manage the resident's skin conditions included; applying protective ointment to the resident's bottom, keeping the resident's skin clean and dry, and repositioning frequently by going to his/her recliner from the wheelchair after lunch or restorative therapy. Staff Q stated the resident was not on a toileting program, but he/she checked the resident every 2-3 hours and</p>	F 280			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 280	<p>Continued From page 12</p> <p>asked the resident if he/she wanted to go to the bathroom.</p> <p>During an interview on 08/13/2015 at 11:44 A.M. licensed nursing staff K stated he/she was unsure what type of wound the resident had to his/her right and left foot second toes, "I just know they are not pressure ulcers." Staff K stated the wound nurse measured and treated the wounds weekly. Staff K reported he/she was made aware of the reddened area to the resident's buttock this morning by direct care staff O.</p> <p>During an interview on 08/17/2015 at 1:39 P.M. licensed nursing staff K stated the resident currently had wounds to his/her right and left second toe and a red area to his/her right buttock. He/she stated the charge nurse was responsible for weekly skin assessments and the wound nurse measured and staged weekly. Staff K stated the resident had no pressure, venous, arterial, or diabetic ulcers. Staff K said staff classified the wounds as "open wounds." He/she stated current interventions to manage skin problems included; repositioning every 2 hours, ask the resident if he/she was comfortable every 2 hours when in his/her wheelchair or recliner, and assist with toileting every 2 hours. Staff K was unsure whether the resident had a low air loss mattress and thought he/she had a wheelchair cushion.</p> <p>During an interview on 08/17/2015 at :31:02 P.M. practitioner Staff JJ stated he/she knew the resident had a history of problems with his/her feet in the past, however was unaware the resident currently had skin problems. Staff JJ stated he/she was not aware the wound doctor classified the wounds as unstageable pressure ulcers, but knew the physician ordered betadine</p>	F 280			

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F 280	<p>Continued From page 13 and antibiotics.</p> <p>During an interview on 8/17/2015 at 5:08 P.M. administrative nursing staff D stated he/she expected the MDS Coordinators to review and revise the care plan quarterly and as needed. He/she expected the care plan to include the 2 unstageable pressure ulcer to both second toes and the reddened area to the right buttock as well as interventions to treat the ulcers.</p> <p>The facility failed to provide a requested care plan revision policy as requested on 8/17/2015 at 11:10 A.M.</p> <p>The facility failed to review and revise the resident's care plan to include the development of 2 unstageable pressure ulcers to toe and a stage 1 pressure ulcer to the resident's buttocks.</p> <p>- Review of the resident's signed physician order sheet for resident #53 dated 6/4/2015 documented the following diagnoses: dementia (a progressive mental disorder characterized by failing memory and confusion) and diabetes (when the body could not use glucose, did not make enough insulin or the body could not respond to the insulin).</p> <p>Review of the admission MDS (Minimum Data Set) dated 10/2/2014 documented a BIMS (Brief Interview for Mental Status) score of 12, which indicated moderate cognitive impairment. The resident required extensive assistance of 2 or more staff with bed mobility, transfers, and toileting. He/she had no skin issues identified.</p> <p>Review of the quarterly MDS dated 6/8/2015</p>	F 280			

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F 280	<p>Continued From page 14</p> <p>documented the resident scored a 9 on his/her BIMS, which indicated moderate cognitive impairment. The resident required extensive assistance of 2 staff with bed mobility, transfers, and toileting. He/she had no skin issues identified.</p> <p>Review of the ADL (Activities of Daily Living) CAA (Care Area Assessment) dated 10/8/2014 documented the resident required extensive assistance with transfers, bed mobility, and toileting.</p> <p>Review of the resident's care plan dated 3/25/2015 directed staff to inspect skin daily during routine ADL assistance.</p> <p>During an observation on 8/12/2015 at 11:40 A.M. the resident sat in his/her recliner in his/her room. The resident had an undated 2 x 2 foam dressing secured to his/her right forearm.</p> <p>During an interview on 8/12/2015 at 11:40 A.M. the resident reported he/she obtained a skin tear to his/her right forearm a couple nights ago. He/she was unsure of how the skin tear occurred, told the night nurse, and he/she put a dressing on the area.</p> <p>During an interview on 08/17/2015 at 1:55 P.M. licensed nursing staff K stated he/she first noted a skin tear to the resident's right forearm on 8/13/2015. Staff K stated he/she notified the physician and received orders for treatment. Staff K confirmed the resident reported he/she obtained the skin tear in bed over the weekend and he/she completed an incident report. Staff K confirmed the record lacked documentation regarding when the skin tear occurred and lacked an order for a treatment to the skin tear prior to</p>	F 280			

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F 280	<p>Continued From page 15 8/13/2015.</p> <p>During an interview on 08/17/2015 at 5:12 P.M. administrative nursing staff D stated he/she expected skin injuries to be care planned.</p> <p>The facility failed to provide a requested care plan revision policy as requested on 8/17/2015 at 11:10 A.M.</p> <p>The facility failed to review and revise the resident's care plan to include a skin tear the resident received to his/her forearm.</p> <p>- Review of resident #53's signed physician order sheet dated 6/4/2015 documented the following diagnoses: dementia (progressive mental disorder characterized by a failing memory and confusion) and diabetes mellitus (when the body could not use glucose , did not make enough insulin, or the body could not respond to the insulin).</p> <p>Review of the admission MDS (Minimum Data Set) dated 10/2/2014 documented a BIMS (Brief Interview for Mental Status) score of 12, which indicated moderate cognitive impairment. The resident received 1 day of antibiotic and antidepressant medications and 7 days of diuretic medication during the 7 day observation period.</p> <p>Review of the quarterly MDS dated 6/8/2015 documented the resident scored a 9 on his/her BIMS, which indicated moderate cognitive impairment.</p> <p>Review of the Cognition CAA (Care Area Assessment) dated 10/6/2014 documented the</p>	F 280			

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F 280	<p>Continued From page 16</p> <p>resident had dementia and scored a 12 on his/her BIMS, which indicated moderate cognitive impairment.</p> <p>Review of the resident's care plan dated 3/25/2015 lacked staff direction for resident and/or representative involvement in cares. The care plan dated 3/25/2015 documented the resident was unable to recall some things after 5 minutes and staff were directed to provide cues and reminders as to day, month, and year with a calendar. The revised care plan dated 8/5/2015 lacked staff direction for resident and/or representative involvement in cares.</p> <p>Lasix 20 mg by mouth daily beginning on 7/18/2015 ordered. The record lacked documentation that the daughter was informed of medication.</p> <p>During an interview on 8/12/2015 at 11:23 A.M. the resident stated he/she did not feel staff kept him/her informed of medication changes or changes in his/her cares. He/she stated his/her family member was probably informed, which was okay with him/her.</p> <p>During an interview on 08/13/2015 at 12:10 P.M. a resident's family member stated he/she was not always informed of changes to the resident's care.</p> <p>During an interview on 08/17/2015 at 1:24 P.M. licensed nursing staff K stated the resident had a poor memory and a family member of the resident was the contact for notification of medication changes, skin issues, changes in condition and/or changes in treatment. Staff K stated the nurses documentation notification in the medical record. Staff K confirmed the</p>	F 280			

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F 280	<p>Continued From page 17</p> <p>medical record lacked documentation of the resident's representative being notified of the physician order for lasix (a medication used to treat edema) on 7/18/2015, of the walk to dine program ordered on 7/30/2015, and of the order for Xanax (an antianxiety used to treat anxiety) on 4/8/2015.</p> <p>During an interview on 08/17/2015 at 5:08 P.M. administrative nursing staff D stated he/she expected the staff to notify the resident's representative with any changes in treatment, medications, and/or condition and for them to document the notification in the medical record.</p> <p>The facility failed to notify the resident's representative of changes to the resident's medications regimen and for the walk to dine program.</p>	F 280			
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 72 residents with 27 residents in the sample. Based on observation, interview, and record review the facility failed to timely assess resident #53's and #360's skin condition of the 6 residents reviewed for skin condition.</p>	F 309			

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F 309	<p>Continued From page 18</p> <p>Findings Included:</p> <p>- Review of the resident's signed physician order sheet for resident #53 dated 6/4/2015 documented the following diagnoses: dementia (a progressive mental disorder characterized by failing memory and confusion) and diabetes (when the body could not use glucose, did not make enough insulin or the body could not respond to the insulin).</p> <p>Review of the admission MDS (Minimum Data Set) dated 10/2/2014 documented a BIMS (Brief Interview for Mental Status) score of 12, which indicated moderate cognitive impairment. The resident required extensive assistance of 2 or more staff with bed mobility, transfers, and toileting. He/she had no skin issues identified.</p> <p>Review of the quarterly MDS dated 6/8/2015 documented the resident scored a 9 on his/her BIMS, which indicated moderate cognitive impairment. The resident required extensive assistance of 2 staff with bed mobility, transfers, and toileting. He/she had no skin issues identified.</p> <p>Review of the ADL (Activities of Daily Living) CAA (Care Area Assessment) dated 10/8/2014 documented the resident required extensive assistance with transfers, bed mobility, and toileting.</p> <p>Review of the resident's care plan dated 3/25/2015 directed staff to inspect skin daily during routine ADL assistance.</p> <p>During an observation on 8/12/2015 at 11:40 A.M. the resident sat in his/her recliner in his/her room. The resident had an undated 2 x 2 foam</p>	F 309			

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F 309	<p>Continued From page 19</p> <p>dressing secured to his/her right forearm.</p> <p>During an observation on 08/13/2015 at 7:54 A.M. the resident sat in his/her wheelchair in his/her room wearing a short sleeved shirt. Observation revealed a skin injury with a dried dark substance was observed on the resident's right forearm.</p> <p>During an interview on 8/12/2015 at 11:40 A.M. the resident reported he/she obtained a skin tear to his/her right forearm a couple nights ago. He/she was unsure of how the skin tear occurred, told the night nurse, and he/she put a dressing on the area.</p> <p>During an interview on 08/17/2015 at 6:47 A.M. direct care staff T reported he/she completed an incident report and verbally let the nurse know if a resident had a bruise, skin tear, red area or any other skin issues.</p> <p>During an interview on 08/17/2015 at 9:47 A.M. direct care staff Q stated he/she informed the charge nurse if there were any new skin issues to include bruising, skin tears, redness or opened areas. Staff Q stated he/she was unaware of when the skin tear to the resident occurred.</p> <p>During an interview on 08/17/2015 at 1:55 P.M. licensed nursing staff K stated he/she first noted a skin tear to the resident's right forearm on 8/13/2015. Staff K stated he/she notified the physician and received orders for treatment. Staff K confirmed the resident reported he/she obtained the skin tear in bed over the weekend and he/she completed an incident report. Staff K confirmed the record lacked documentation regarding when the skin tear occurred and lacked an order for a treatment to the skin tear prior to 8/13/2015.</p>	F 309			

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F 309	<p>Continued From page 20</p> <p>During an interview on 08/17/2015 at 5:12 P.M. administrative nursing staff D stated he/she expected staff complete an incident report, notify family and doctor, and obtained orders for skin protocol anytime a new skin issue occurred. Staff D stated he/she was unaware of an incident report regarding the resident's skin tear to his/her right forearm prior to 8/13/2015.</p> <p>Review of the revised Skin Assessment and Wound Prevention policy dated 3/2009 documented the purpose of the skin assessment was to observe the resident's skin on a routine basis and report skin changes.</p> <p>The facility failed to timely assess and treat resident #53's skin injury.</p> <p>- Review of the signed physician's order sheet for resident #360 dated 08/01/2015-08/31/2015 revealed diagnoses of urinary tract infection (UTI-infection of your urinary system), difficulty in walking, and muscle weakness.</p> <p>Review of the Admission Minimum Data Set (MDS) dated 08/06/2015 documented a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. The Mood score of 1 reflected minimal depression. The resident required extensive assistance of 2 staff for transfer; and extensive assistance of 1 for bed mobility, locomotion on unit, dressing, personal hygiene and toilet use; limited assistance of 1 person for locomotion off unit; and supervision with eating with setup help only. He/She was always continent of urine and occasionally incontinent of bladder. No pressure ulcers noted. He/She did have skin tears and</p>	F 309			

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F 309	<p>Continued From page 21</p> <p>moisture associated skin damage. The resident had a pressure reducing device for their bed and chair.</p> <p>The Care Assessment Area (CAA) dated 08/06/2015 for pressure ulcers documented resident was at risk for skin breakdown due to his/her need for assistance with his bed mobility, transfers, and his redness to his coccyx.</p> <p>The care plan dated 08/12/2015 documented this resident had potential impairment to his/her skin integrity. Staff to evaluate the resident's skin condition on a daily and weekly basis; keep skin clean and dry, use lotion on dry skin; do not apply on between toes; occupational therapy to evaluate and treat; provide incontinent care as needed; wash, rinse, and pat dry peri-area; provide treatment per physician order; physical therapy to evaluate and treat; and supplements as ordered by the physician.</p> <p>The resident had a physician order dated 07/31/2015 for skin barrier cream to the coccyx every shift due to redness. The Braden scale on 08/06/2015 was scored at 17 which reflected he/she was at mild risk of developing pressure ulcers. The Weekly Skin Integrity report dated 08/06/2015 documented redness on the coccyx. The Weekly Skin Integrity report dated 08/11/2015 did not document any pressure ulcer or redness.</p> <p>An observation on 08/17/2015 at 4:05 P.M. licensed staff MM asked the resident if he/she could do the dressing change on his/her coccyx. The resident pulled down his/her brief and staff applied Allewyn dressing (highly absorbent hydrocellular foam pad with a perforated wound contact layer and a highly permeable outer top)</p>	F 309			

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F 309	<p>Continued From page 22</p> <p>to his/her buttock. There was no redness was noted to coccyx. The staff did not apply the ordered barrier cream to the coccyx.</p> <p>An observation on 08/18/2015 at 9:47 A.M. licensed nursing staff HH came into the room to apply cream to the resident's arms and chest; as well as the barrier cream to the buttock. The nurse explained the use for the creams to the resident, and removed the Allewyn coccyx dressing. The resident did not have any breakdown or redness on his bottom. Nurse HH did not reapply the Allewyn dressing, stating " you don't have an order from the doctor for this dressing.</p> <p>During an interview on 08/17/2015 at 8:11 A.M. licensed staff HH stated that he/she did not see any redness on the resident's coccyx, it must be resolved.</p> <p>An interview on 08/18/2015 9:05 A.M. administrative nurse nurse E stated phone orders were entered into the computer daily, and he/she did not see an order in the computer for the Allewyn dressing for this resident. The nursing staff should not put a dressing on a resident for which they did not have an order from the doctor or nurse practitioner.</p> <p>The facility failed to properly assess and provide the necessary care and treatment as ordered by the physician for this resident.</p>	F 309			
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p>	F 312			

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F 312	<p>Continued From page 23</p> <p>This Requirement is not met as evidenced by: The facility identified a census of 72 residents. The sample included 27 residents. Based on observation, record review, and interview, the facility failed to provide necessary services related to grooming and personal hygiene for 2 sampled residents (#65 #17) of 3 sampled for activities of daily living (ADLs).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #65's electronic record documented he/she admitted to the facility on 9/16/15 with diagnoses that included urinary frequency (more than normal times of voiding) and debility (physical weakness). <p>The significant change Minimum Data Set (MDS) assessment dated 3/18/15 recorded the resident had a Brief interview for Mental Status score of 15 which indicated his/her cognition was intact. The resident required extensive assistance of one to two staff with all activities of daily living (ADLs), was incontinent of bowel, and had an indwelling Foley catheter.</p> <p>Review of the physician order sheet (POS) recorded an order dated 8/15/15 to change the Foley catheter on the 5th of each month and an order dated 8/17/15 to provide catheter care every shift. The POS lacked documentation of a clinical reason or medical need associated with the Foley catheter.</p> <p>The POS lacked documentation related to the resident ADLs.</p>	F 312			

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NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209		
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F 312	<p>Continued From page 24</p> <p>The resident's care plan revised 7/22/15 lacked any reference to the resident use or associated cares of the Foley catheter and any resident cares with ADLs.</p> <p>Observation on 8/13/15 at 8:07 A.M. during A.M. care with direct care staff, resident #65 was in bed with the bed in the low position, The catheter bag was on the floor, and the room smelled of urine. The resident was unshaven.</p> <p>Observation on 8/13/15 at 8:59 A.M. revealed the resident in bed with the catheter tubing under his/her left leg. The resident was unshaven.</p> <p>Observation on 8/18/15 at 9:04 A.M. revealed the resident in his/her wheelchair in the dining room. The resident was unshaven.</p> <p>Interview with the resident on 8/18/15 at 12:30 P.M. the resident acknowledged that he/she wanted shaved.</p> <p>interview with Licensed nursing staff AK on 8/18/15 at 9:04 A.M. stated he/she did not know why staff did not shave the resident unless he/she refused.</p> <p>The facility Shower and Tub Bath policy dated October 2010 did not address the resident shaving needs.</p> <p>The facility failed to provide appropriate catheter services and grooming/shaving services for this mobility impaired, dependent resident.</p>	F 312			

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F 312	<p>Continued From page 25</p> <p>- Resident #17's electronic record documented he/she had diagnoses that included hypothyroidism (a condition in which the thyroid gland did not produce enough thyroid hormone), B complex deficiencies (a condition where the body lacked or could not metabolize certain B vitamins), dementia (a decline in mental ability severe enough to interfere with daily life), and depression (a mood disorder that caused a persistent feeling of sadness and loss of interest).</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 7/8/15 recorded the resident had short and long term memory impairment, severe cognitive impairment, no rejection of cares, required extensive assistance of one to two staff with most activities of daily living (ADLs) such as transfers, bed mobility, toilet use and personal hygiene. He/she did not have any functional limitations in range of motion, and required set up and supervision with meals. The assessment documented the resident weighed 174 pounds, had no oral concerns, received a regular diet, and had no weight loss.</p> <p>The resident revised care plan dated 8/5/15 did not address his/her ADL abilities. The resident's nutritional care plan dated 8/5/15 directed staff to provide assistance for the resident with meals.</p> <p>Observation on 8/11/15 at 12:18 P.M. revealed the resident seated in the dining room, sluggish and apathetic, leaning in his/her wheelchair. In front of the resident was a 12 ounce glass of water and a full bowl of soup, untouched. Licensed nurse J brought a supplement drink to the resident. The resident consumed less than 10 percent (%) of his/her meal. Staff did not assist the resident with his/her meal.</p>	F 312			

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F 312	Continued From page 26 Observation on 8/13/15 at 8:11 A.M. revealed the resident sat at the dining table, with decreased alertness, leaning back in his/her wheelchair, with a full glass of water, and red juice. The resident received oatmeal, scrambled eggs, bacon, and home fried potatoes. The resident had a few sips of the red juice but did not eat any of his/her breakfast. The resident consumed less than 10% of his/her meal. Staff did not assist the resident with his/her meal. Observation on 8/13/15 at 8:56 A.M. revealed the resident sleeping in his/her wheelchair and spilled his/her supplement on the surface of the table. A licensed nurse came up behind the resident and without speaking to him/her moved his/her wheelchair away from the table, and the nurse did not offer to replace the resident's drink. Interview on 8/18/15 at 2:30 P.M. administrative licensed nurse D stated staff should assist dependent residents with their meals. The facility Assistance With Meals policy revised October 2009 recorded that staff would feed residents who could not feed themselves. The facility failed to provide necessary services with grooming and dining to aid this cognitively impaired resident.	F 312			
F 314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that	F 314			

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F 314	<p>Continued From page 27</p> <p>they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 72 residents with 27 residents in the sample. Based on observation, interview, and record review the facility failed to complete wound care according to physician orders for 1 of 3 resident's sampled for pressure ulcers. (#359) and failed to develop and implement interventions to prevent and treat pressure ulcers to promote healing for 1 of 3 resident's sampled for pressure ulcers (#53). Resident #53 developed unstageable pressure ulcers to his/her toes.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #53's signed physician order sheet dated 6/4/2015 documented the following diagnoses: dementia (progressive mental disorder characterized by a failing memory and confusion) and diabetes mellitus (when the body could not use glucose, did not make enough insulin, or the body could not respond to the insulin). <p>Review of the admission MDS (Minimum Data Set) dated 10/2/2014 documented a BIMS (Brief Interview for Mental Status) score of 12, which indicated moderate cognitive impairment. He/she did not reject cares. The resident required extensive assistance of 2 or more staff with bed mobility, transfers, and toileting and used a wheelchair for mobility. The resident was frequently incontinent of urine and bowel and was not on a toileting schedule. The resident was not</p>	F 314			

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F 314	<p>Continued From page 28</p> <p>at risk for the development of pressure ulcers and had no pressure ulcers, venous ulcers (wound cause by improper valve function), arterial ulcers (wound caused by inadequate blood flow), diabetic ulcers (wound caused by complications from high blood sugars), or other skin issues. The resident had a pressure reducing device for the bed and chair and had ointment/medications applied to his/her feet.</p> <p>Review of the quarterly MDS dated 6/8/2015 documented the resident scored a 9 on his/her BIMS, which indicated moderate cognitive impairment. He/she did not reject cares. The resident required extensive assistance of 2 staff with bed mobility, transfers, and toileting, and used a walker and a wheelchair for mobility. The resident was frequently incontinent of urine and bowel and was not on a toileting schedule. The resident had no pressure ulcers, venous ulcers, arterial ulcers, diabetic ulcers, or other skin issues.</p> <p>Review of the Cognition Loss CAA (Care Area Assessment) dated 10/6/2014 documented the resident had dementia and scored a 12 on his/her BIMS, which indicated moderate cognitive impairment.</p> <p>Review of the ADL (Activities of Daily Living) CAA dated 10/8/2014 documented the resident required extensive assistance with transfers, bed mobility, and toileting and he/she worked with therapy to improve his/her strength and endurance.</p> <p>Review of the Pressure Ulcer CAA dated 10/8/2015 documented the resident was at risk for the development of pressure ulcers due to his/her incontinence and need for assistance with</p>	F 314			

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F 314	<p>Continued From page 29 bed mobility and transfers.</p> <p>Review of the Braden Skin Assessments dated 12/17/2014, 12/24/2014, 12/31/2014, and 5/20/2015 documented scores of 17, which indicated the resident was at risk for the development of pressure ulcers.</p> <p>Review of the resident's care plan dated 3/25/2015 documented the resident was at risk for the development of pressure ulcers. The care plan directed staff to consult with dietary as needed to adjust the diet and supplements as indicated, reposition frequently, toilet regularly to avoid incontinence, inspect the skin daily during routine ADL assistance, encourage by mouth intake, elevate heels off of the mattress, check every 2 hours for incontinence, provide peri care with skin barrier treatment, keep skin clean, dry, and well lubricated, and use pillows, pads, or wedges to reduce pressure on heels and pressure points. On 6/29/2015 staff revised the care plan to include an infection to the resident's 2nd toes on both feet. The care plan directed staff to administer antibiotic as ordered, maintain universal precautions when providing cares, and to monitor/document/report any signs/symptoms of infection and/or antibiotic complications.</p> <p>Review of a dietitian assessment dated 6/22/2015 documented the resident's skin was intact.</p> <p>Review of a dietitian assessment dated 8/17/2015 documented a recommendation for Multivitamin with minerals and Zinc Oxide for 14 days for preventative skin protection.</p> <p>Review of nursing notes documented the following: On 8/13/2015 at 3:44 P.M. nursing staff notified</p>	F 314			

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F 314	<p>Continued From page 30</p> <p>the physician of a new area to the resident's right inner buttock and staff obtained new treatment orders.</p> <p>Review of weekly skin assessments documented the following: The resident had a history of previous wounds to his/her toe, which healed in May of 2015. On 6/17/2015- skin intact. On 6/24/2015- open areas to the second right and the second left toes. The assessment lacked measurements and descriptions of the wounds. On 6/26/2015- noted with a wound infection and the resident started on an antibiotic. The assessment lacked measurements and descriptions of the wounds. On 7/1/2015- open area to the second right and the second left toes. The assessment lacked measurements and descriptions of the wounds. Week of 7/8/2015 lacked an assessment. The record lacked documentation the wounds had healed. On 7/15/2015- skin was intact. The record lacked documentation the wounds had healed. On 7/29/2015- skin was intact. The record lacked documentation the wounds had healed. On 8/5/2015- scabbed areas to the left and right second toes. The assessment lacked measurements and descriptions. On 8/12/2015- scabbed areas to the second right and left toes. The assessment lacked measurements or description of wounds.</p> <p>A review of practitioner progress notes dated 6/8/2015 and 6/12/2015 documented the resident had no wounds to his/her toes.</p> <p>A review of a practitioner progress note dated 6/20/2015 documented a resident's family member expressed concern with the resident's</p>	F 314			

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F 314	<p>Continued From page 31</p> <p>right and left second toes. The resident had wounds to both second toes, had a small scab with no drainage on the second left toe and both toes were red and inflamed. The resident denied pain with range of motion and touching. He/she had significant neuropathy (a disease which affected sensation and movement).</p> <p>A review of practitioner progress note dated 6/22/2015 documented the resident had a right second toe wound with improved redness. The assessment lacked that staff assessed assessment resident's left second toe.</p> <p>A review of a progress note from wound consultant GG dated 6/26/2015 documented the resident had pressure ulcers to his/her bilateral 2nd toes. The 2nd right toe had eschar (dead tissue) and early cellulitis (a skin infection caused by bacteria) and the left second toe had eschar. The physician ordered an antibiotic and Betadine (an antiinfective medication) for treatment.</p> <p>A review of the resident's medication administration record documented the resident did not receive betadine treatment to his/her left and right second toes on 6/27/15 and 6/28/2015 for the 6-2 shift and on 6/26/2015 for the 2-10 shift.</p> <p>A review of physician orders documented the following: Keflex (a medication to treat infection) 500 mg (milligrams) by mouth two times a day for 7 days to treat a right second toe infection, effective 6/22/2015. Apply betadine to both second toes twice daily in the morning and evening, 6/22/2015 Apply extra protective cream to the red area on</p>	F 314			

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F 314	<p>Continued From page 32</p> <p>the resident's right inner buttock after every incontinent episode until healed, effective 8/13/2015.</p> <p>During an observation on 08/13/2015 at 6:19 A.M. the resident was lying on a low air loss mattress on his/her left side. The resident's right foot was bare, partially exposed and laid on the outside cover on the bed. He/she wore no socks or protective footwear, and had no pillow or wedges to support his/her heels or other pressure points. The resident's toes were not visible for inspection due to a darkened room. At 7:04 A.M. the resident independently turned onto his/her back with his/her heels laid flat against the mattress. The resident's toes were uncovered, however not visible for inspection due to the darkness of the room. At 7:08 A.M. administrative nursing staff D entered the room and the resident asked if he/she could get out of bed. Staff D replied he/she would notify the aide and then exited the room. The resident remained lying flat on his/her back with his/her heels against the mattress. At 7:28 A.M. direct care staff O entered the resident's room and turned on the lights. The resident's left and right second toes were covered with an orange substance and the wounds were not observable. Staff O removed the resident's soiled brief, provided peri care, and applied protective ointment. There was a dime sized reddened area observed to the resident's right buttock.</p> <p>During an observation on 08/13/2015 at 11:44 A.M. licensed nursing staff K completed wound treatment to the resident's right and left second toes. Staff K washed his/her hands, removed the resident's socks, and cleansed both wounds, patted the areas dry and applied Betadine. The resident's second toe on the right and left feet</p>	F 314			

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F 314	<p>Continued From page 33</p> <p>had dark pencil eraser sized black areas to the top surface of the toes. There was no scabbing present. Staff K assisted the resident to a standing position and assessed his/her buttocks. Staff K confirmed the resident had a reddened, non blanchable area to his/her right inner buttock. The resident's family member was present during the assessment and asked staff K if the resident needed a brief change. Staff K replied he/she did not know and checked the resident to determine if he/she needed a brief change. Staff K confirmed the resident was wet and had a bowel smear and stated he/she would send in the aide to assist with toileting.</p> <p>During an observation on 08/17/2015 at 7:10 A.M. the resident sat in the shower in his/her bathroom. The resident's right and left foot second toes had pencil eraser sized black area, without drainage or redness. Staff Q assisted the resident to his/her wheelchair, which had a cushion, at 7:20 A.M. At 7:59 A.M. the resident self propelled in his/her wheelchair to the dining room. At 8:46 A.M. the resident self propelled in his/her wheelchair from the dining room to his/her room. At 8:50 A.M. licensed nursing staff K entered the resident's room and started a breathing treatment. Staff K did not offer to assist with repositioning or check for incontinence prior to exiting the room. At 9:02 A.M. Staff K returned to the resident's, completed the resident's breathing treatment, and visited with the resident. Staff K did not offer to assist the resident with repositioning or check for incontinence prior exiting the room at 9:25 A.M. At 9:53 A.M. the resident remained seated in his/her wheelchair reading a newspaper. Staff did not reposition, toilet, or provide incontinence care for a total of 2 hours and 43 minutes. The surveyor requested a skin check and staff Q</p>	F 314			

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F 314	<p>Continued From page 34</p> <p>assisted the resident to a standing position using his/her walker. The resident's brief had a small about of soft bowel dried on the brief. There was a dime sized reddened area observed on the resident's right inner buttock, which did not resolve after 3 minutes of pressure relief from standing.</p> <p>During an observation on 08/17/2015 at 3:43 P.M. administrative nursing staff M assisted the resident to a standing position using his/her walker. Staff M pulled the resident's brief down and observed a small amount of soft bowel and a wet brief. Staff M removed bowel from the resident's bottom using wipes and assessed the resident's buttocks. The resident had one dime sized reddened area on the right inner buttock, which was non blanchable. Staff M informed the resident he/she needed his/her brief changed and the resident replied he/she was not aware he/she was soiled.</p> <p>During an interview on 08/13/2015 at 12:10 P.M. a resident's family member stated he/she believed the resident's wound to his/her right and left foot second toes were a result of scraping against his/her bed. The family member believed the room arrangement made it difficult for the resident to get to his/her recliner due to the positioning of his/her bed in relationship to his/her recliner. The family member stated he/she found the wounds on the resident's toes on June 20, 2015 and sent an email with photographs of the wounds to the facility and the practitioner on June 21, 2015.</p> <p>During an interview on 08/13/2015 at 7:36 A.M. direct care staff O stated the resident had previously stubbed his/her left toe. Staff O knew the nurse put medication on the resident's toes,</p>	F 314			

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F 314	<p>Continued From page 35</p> <p>but was unaware of the wound type. Staff O stated he/she was not aware of the reddened area to the resident's right buttock until today and would notify the nurse of any new skin conditions.</p> <p>During an interview on 08/17/2015 at 9:43 A.M. direct care staff said the resident had sores to his/her toes and bottom. Staff Q reported the resident's buttocks were red and chapped a couple of weeks ago and stated the nurse instructed him/her to apply protective ointment on the resident. Staff Q stated the current interventions to manage the resident's skin conditions included; applying protective ointment to the resident's bottom, keeping the resident's skin clean and dry, and repositioning frequently by going to his/her recliner from the wheelchair after lunch or restorative therapy. Staff Q stated the resident was not on a toileting program, but he/she checked the resident every 2-3 hours and asked the resident if he/she wanted to go to the bathroom.</p> <p>During an interview on 08/13/2015 at 11:44 A.M. licensed nursing staff K stated he/she was unsure what type of wound the resident had to his/her right and left foot second toes, "I just know they are not pressure ulcers." Staff K stated the wound nurse measured and treated the wounds weekly. Staff K reported he/she was made aware of the reddened area to the resident's buttock this morning by direct care staff O.</p> <p>During an interview on 08/17/2015 at 1:39 P.M. licensed nursing staff K stated the resident currently had wounds to his/her right and left second toe and a red area to his/her right buttock. He/she stated the charge nurse was responsible for weekly skin assessments and the wound nurse measured and staged weekly. Staff K</p>	F 314			

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F 314	<p>Continued From page 36</p> <p>stated the resident had no pressure, venous, arterial, or diabetic ulcers. Staff K said staff classified the wounds as "open wounds." He/she stated current interventions to manage skin problems included; repositioning every 2 hours, ask the resident if he/she was comfortable every 2 hours when in his/her wheelchair or recliner, and assist with toileting every 2 hours. Staff K was unsure whether the resident had a low air loss mattress and thought he/she had a wheelchair cushion.</p> <p>During an interview on 08/17/2015 at 2:08 P.M. administrative nursing staff M reported he/she was responsible for the measurement of wounds weekly. He/she reported the resident had a history of skin breakdown to the coccyx (a small triangular bone at the base of the spine) and buttocks and had no other significant wound history. Staff M stated he/she first saw the wounds on 8/13/2015 and prior to then he/she did not know the resident had skin issues. Staff M said he/she was unaware the wound doctor classified the resident's toe wounds as pressure ulcers with eschar. Staff M stated he/she expected the charge nurse to verbally inform him/her when a resident had a wound. He/she stated no one informed him/her of the wounds to the resident's toes. Staff M stated he/she measured the right buttock wound on 8/13/2015 and the measurement was 2 cm (centimeters) x (by) 1.0, red and blanchable. He/she measured again on 8/17/2015 with results of 2.0 cm x 1.0 cm, red, nonblanchable, and classified as a stage I pressure ulcer.</p> <p>During an interview on 08/17/2015 at 5:14 P.M. administrative nursing staff D reported he/she believed the resident had an issue with his/her left toe. The wound doctor saw the resident, and a</p>	F 314			

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F 314	<p>Continued From page 37</p> <p>treatment was in place. He/she believed the resident's toe healed and staff used betadine as a preventative treatment. Staff D stated he/she heard about the email sent to the practitioner on 6/21/2015 for the first time today. Staff D stated he/she expected the practitioner or unit manager to notify him/her of the wounds to the resident's toes. Staff D stated he/she was not aware the wound doctor classified the wounds as pressure ulcers with eschar and expected staff to notify him/her immediately for follow up. Staff D expected the charge nurse to complete weekly skin assessments on all residents and expected the wound nurse to measure and describe the wound weekly. He/she expected the staff to notify the dietitian of the wounds for early intervention, expected staff to toilet and change the resident every 2 hours, provide pericare care and reposition every 2 hours when in bed, recliner, or wheelchair.</p> <p>During an interview on 08/17/2015 at 3:55 P.M., dietary consultant staff DD stated the resident had no skin issues other than a red area. He/she was unaware of the location of the red area. Staff DD reported he/she received a weekly skin report and the resident had no skin issues identified on the report. Staff DD stated he/she was not aware the resident had unstageable pressure ulcers to his/her right and left second toes. Staff DD stated he/she would recommend Vitamin C 500 mg (milligrams) daily, Zinc 220 mg daily for 2 weeks and a Multivitamin with Minerals daily for residents with wounds. If the wound showed signs of healing they could discontinue Zinc.</p> <p>During an interview on 08/17/2015 at :31:02 P.M. practitioner JJ stated the resident's family member sent photographs and emailed him/her on 6/21/2015 to inform him/her of wounds to the</p>	F 314			

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F 314	<p>Continued From page 38</p> <p>resident's right and left second toes. Staff JJ stated he/she knew the resident had a history of problems with his/her feet in the past, however was unaware the resident currently had skin problems. Staff JJ stated he/she was not aware the wound doctor classified the wounds as unstageable pressure ulcers, but knew betadine and antibiotics had been ordered.</p> <p>During an interview on 08/18/2015 at 1:02 P.M. physician consultant GG stated he/she believed the wounds to the resident's bilateral toes were from pressure. He/she confirmed the resident had eschar on the right and left second toes of each foot. Staff GG stated he/she ordered Betadine to treat the wounds.</p> <p>Review of the facility revised skin assessment and wound prevention policy dated 4/1/2011 documented the licensed nurse would complete a head to toe assessment weekly, would stage, measure, and document all pressure ulcers on wound evaluation flow sheet, complete a weekly Braden Scale weekly for four weeks after admission, and for actual pressure ulcers would initiate the Braden Scale Checklist. The nursing staff would notify the dietary manager for actual pressure ulcers, treatment would be initiated, and the care plan updated.</p> <p>The facility failed to implement interventions to prevent the development of unstageable pressure ulcers to the resident's toes and a stage 1 pressure ulcer to the resident's buttock, failed to complete, measure, and assess wounds weekly, and failed to ensure care planned interventions were followed by staff.</p>	F 314			

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F 314	<p>Continued From page 39</p> <p>- Resident #359's electronic medical record (EMR) documented the resident was admitted to the facility on 8/11/15 with diagnoses that included, encephalopathy (abnormal brain function), adult failure to thrive (a state of decline that was multifactorial and caused by chronic concurrent diseases and functional impairments) and pressure sores (injuries to skin and underlying tissue resulting from prolonged pressure on the skin.)</p> <p>The nurses' data admission sheet dated 8/11/15 recorded the resident received skilled services for post fall weakness and ulcers. He/she was alert and oriented to his/herself and sometimes place. The resident had confusion and forgetfulness. The resident received continuous feedings via a gastrostomy tube (a silicone tube through the abdomen for nutrition and medications), had normal vital signs and refused to get up out of bed. This same assessment recorded the resident had an indwelling urinary catheter and had a sacral and left outer ankle pressure sore.</p> <p>Review of the physician's order sheet (POS) recorded orders dated 8/12/15 for wound care as follows: Cleanse the resident coccyx wound with wound cleanser, apply skin prep to the surrounding area, apply Santyl (a chemical debridement ointment) 1 gram per square inch to the wound bed and cover the area with saline soaked gauze, a dry gauze and secure with paper tape.</p> <p>The POS also recorded orders dated 8/14/15 for heel protectors at all times and prevalon boots (soft heel boots) while the resident was in bed.</p> <p>The resident's interim care plan dated 8/11/15 directed staff to keep the resident's skin clean</p>	F 314			

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F 314	<p>Continued From page 40 and dry. The care plan also documented the use of a pressure redistribution mattress.</p> <p>The care plan lacked documentation specific to the resident wound care and/or treatment.</p> <p>Observation on 8/13/15 at 7:30 A.M. revealed the resident laid in bed on his/her back, unshaven, wore a hospital gown, his/her catheter drainage bag touched the floor and he/she did not wear heel protective boots.</p> <p>During wound care observation on 8/13/15 at 4:05 P.M. the resident did not have protective heel boots. Licensed wound care nurse OO uncovered the resident's coccyx wound to reveal a stage 3 pressure sore that measured 5.8 centimeters (cm) long (L) by 3.0 cm wide (W) x .2 cm deep (D). The rest of the resident bottom had redness and excoriation and skin disruption. Licensed nurse OO cleansed the entire area with wound cleanser applied (a non-measured amount of) Santyl to his/her gloved hand and applied a thick layer over the residents entire buttocks. The nurse applied skin prep and an Allevyn foam bandage over the wound.</p> <p>Observation on 8/17/15 between 7:55 A.M. and 9:40 A.M. staff did not enter/exit the resident's room or reposition the resident.</p> <p>Observation on 8/18/15 at 10:00 A.M. revealed the resident in bed. Licensed nurse AM during wound care, measured the resident coccyx wound which measured 4.0 cm x 3.5 cm x by 0.8 cm. with sero-saquinase (blood tinged) drainage from the left buttock.</p> <p>Interview on 8/18/15 at 10:00 A.M. licensed nurse AM stated he/she thought the wound was</p>	F 314			

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F 314	Continued From page 41 improved but stated nursing was to apply Santyl only to the bed of the wound with an antiseptic Q-tip. Interview on 8/18/15 at 2:00 P.M. with administrative licensed staff nurse D stated he/she expected staff to follow the physician's orders and use aseptic technique when performing wound care. The facility Skin Assessment and Wound prevention policy revised 3/2009 directed staff upon admission to initiate treatment interventions. The facility failed to perform wound care in accordance to the physician order, and maintain an infection free technique for this dependent resident with a pressure sore.	F 314			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This Requirement is not met as evidenced by: The facility identified a census of 72 residents. The sample included 27 residents. Based on observation, record review, and interview, the facility failed to identify a clinical condition for the use of a urinary catheter, and failed to follow facility policy related to the catheter care and	F 315			

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F 315	<p>Continued From page 42</p> <p>placement for two residents (# 359 #65) and failed to perform voiding diaries for one resident (#53) for 3 of 3 residents sampled with urinary problems.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #359's electronic medical record (EMR) documented the resident admitted to the facility on 8/11/15 with diagnoses that included encephalopathy (abnormal brain function), adult failure to thrive (a state of decline that was multifactorial and caused by chronic concurrent diseases and functional impairments) and diabetes mellitus (lifelong condition that affected your body's ability to use the energy found in food). <p>The nurses' data admission sheet dated 8/11/15 recorded the resident received skilled services for post fall weakness and ulcers. He/she was alert and oriented to his/herself and sometimes place. The resident had confusion and forgetfulness. The resident received continuous feedings by way of a gastrostomy tube (a silicone tube through the abdomen for nutrition and medications), had normal vital signs and refused to get up out of bed. This same assessment recorded the resident had an indwelling urinary catheter.</p> <p>Review of the Physician's orders recorded orders dated 8/12/15 to change the Foley catheter and drainage bag as needed, maintain the catheter bag to gravity below the bladder, and monitor drainage. The physician's orders lacked a clinical need and/or medical diagnoses for the resident's catheter.</p> <p>The interim care plan dated 8/11/15 directed staff</p>	F 315			

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F 315	<p>Continued From page 43</p> <p>to change the resident's urinary catheter per physician orders and provide the resident with clean and dry linens.</p> <p>The care plan lacked documentation of any specific cares associated with the resident's catheter or catheter tubing.</p> <p>Observation on 8/13/15 at 7:30 A.M. revealed the resident laid in his/her bed with the catheter drainage bag touching the floor on the left side of the bed and the resident did not wear a securing leg strap.</p> <p>During wound care on 8/13/15 at 4:05 P.M. licensed nurse D did not perform catheter care.</p> <p>Observation on 8/18/15 at 10:00 A.M. during wound care revealed the resident had an anchor strap around his/her right inner thigh. The circular brown adhesive ring (from a previous catheter anchor) on the left inner thigh was visible. Licensed nurse performed perineal care due to an incontinent episode but the nurse did not perform catheter care.</p> <p>Interview on 8/13/15 at 4:05 P.M. licensed nurse stated the nurses and the direct care staff performed catheter care for the residents.</p> <p>Interview on 8/18/15 at 2:00 P.M. administrative licensed nurse D stated staff should perform routine catheter care on all residents per the care plan and physician's orders.</p> <p>The Urinary Catheter Care policy revised 7/20/15 directed staff to keep the catheter drainage bag and tubing was off the floor, ensure the catheter tubing remained secure with a leg strap to reduce friction and movement at the insertion site, and</p>	F 315			

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F 315	<p>Continued From page 44</p> <p>perform catheter care during routine toileting cares and/or perineal cares.</p> <p>The facility failed to identify a clinical need, properly handle and establish routine catheter care for this dependent resident.</p> <p>- Resident #65's electronic record documented he/she admitted to the facility on 9/16/15 with diagnoses that included urinary frequency (more than normal times of voiding) and debility (physical weakness).</p> <p>The significant change Minimum Data Set (MDS) assessment dated 3/18/15 recorded the resident had a Brief interview for Mental Status score of 15 which indicated his/her cognition was intact. The resident required extensive assistance of one to two staff with all activities of daily living (ADLs) was incontinent of bowel and had an indwelling Foley catheter.</p> <p>The significant change Care Area Assessment dated 3/18/15 lacked documentation for the resident's urinary catheter use and/or incontinence.</p> <p>Review of the physician order sheet (POS) recorded an order dated 8/15/15 to change the Foley catheter on the 5th of each month and an order dated 8/17/15 to provide catheter care every shift. The POS lacked documentation of a clinical reason or medical need associated with the Foley catheter.</p> <p>The resident's care plan revised 7/22/15 lacked any reference to the resident's use or associated cares of the Foley catheter.</p>	F 315			

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F 315	<p>Continued From page 45</p> <p>Observation on 8/13/15 at 8:07 A.M. during A.M. care with direct care staff resident #65 was in bed with the bed in the low position, The catheter bag was on the floor and the room smelled of urine.</p> <p>Observation on 8/13/15 at 8:59 A.M. revealed the resident in bed with the catheter tubing under his/her left leg. Staff manipulated the bag around his/her leg to attach a leg drainage bag. The resident did not have a securing leg strap. Direct care staff S was unable to connect the leg bag and another staff member assisted. The direct care staff did not perform catheter care before he/she assisted the resident with dressing.</p> <p>Interview on 8/13/15 at 8:07 A.M. the resident told direct care staff S "{name} you are a smart {gender} but you do not know what you are doing."</p> <p>On 8/13/15 at 9:00 A.M. licensed staff nurse K stated the nurses usually did the resident's catheter cares.</p> <p>Interview on 8/18/15 at 2:00 P.M. administrative licensed nurse D stated staff should perform routine catheter care on all residents per the care plan and physician orders.</p> <p>The Urinary Catheter Care policy revised 7/20/15 directed staff to keep the catheter drainage bag and tubing was off the floor, ensure the catheter tubing remained secure with a leg strap to reduce friction and movement at the insertion site, and perform catheter care during routine toileting cares and/or perineal cares.</p> <p>The facility failed to identify a clinical need, properly handle and establish routine catheter</p>	F 315			

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F 315	<p>Continued From page 46</p> <p>care for this dependent resident with an indwelling Foley catheter.</p> <p>- Review of resident #53's signed physician order sheet dated 6/4/2015 documented the following diagnoses: benign prostatic hypertrophy (BPH) (a non-cancerous enlargement of the prostate, which can interfere with urine flow, urinary frequency and urinary tract infections) and dementia (progressive mental disorder characterized by a failing memory and confusion).</p> <p>Review of the admission MDS (Minimum Data Set) dated 10/2/2014 documented a BIMS (Brief Interview for Mental Status) score of 12, which indicated moderate cognitive impairment. He/she did not reject cares. The resident required extensive assistance of 2 or more staff with bed mobility, transfers, toileting, and used a wheelchair for mobility. The resident was frequently incontinent of urine and bowel and was not on a toileting schedule.</p> <p>Review of the quarterly MDS dated 6/8/2015 documented the resident scored a 9 on his/her BIMS, which indicated moderate cognitive impairment. He/she did not reject cares. The resident required extensive assistance of 2 staff with bed mobility, transfers, and toileting, and used a walker and a wheelchair for mobility. The resident was frequently incontinent of urine and bowel and was not on a toileting schedule.</p> <p>Review of the Urinary Incontinence CAA (Care Area Assessment) dated 10/8/2015 documented the resident was frequently incontinent of urine, required extensive assistance with transfers and received medications which increased his/her urine output.</p>	F 315			

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F 315	<p>Continued From page 47</p> <p>Review of the resident's care plan dated 3/25/2015 directed staff to assist the resident with toileting frequently to avoid incontinence, check the resident every 2 hours for incontinence, provide peri care with skin barrier treatment, and to keep the skin clean, dry, and well lubricated. The care plan lacked a quarterly review.</p> <p>The facility failed to provide a requested bladder assessment for admission of 9/25/2014.</p> <p>During an observation on 08/13/2015 at 7:28 A.M. direct care staff O assisted the resident with dressing. Staff O removed the resident's soiled brief, provided peri care, and applied protective ointment. There was a reddened area observed to the resident's right buttock.</p> <p>During an observation on 08/13/2015 at 11:44 A.M. licensed nursing staff K assisted the resident to a standing position and assessed his/her buttocks. Staff K confirmed the resident had a reddened, non blanchable area to his/her right inner buttock. The resident's family member was present during the assessment and asked staff K if the resident needed a brief change. Staff K replied he/she did not know and checked the resident for incontinence. Staff K confirmed the resident was wet and had a bowel smear and stated he/she would send in the aide to assist with toileting.</p> <p>During an observation on 08/17/2015 at 7:10 A.M. the resident sat in the shower in his/her bathroom. Staff Q removed the resident's soiled brief, assisted with showering, and dressing. At 7:20 A. M Staff Q assisted the resident to his/her wheelchair. The resident remained in the bathroom performing personal hygiene until 7:59</p>	F 315			

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F 315	<p>Continued From page 48</p> <p>A.M. at which time the resident self propelled in his/her wheelchair to the dining room. At 8:46 A.M. the resident self propelled in his/her wheelchair from the dining room to his/her room. At 8:50 A.M. licensed nursing staff K entered the resident's room and started breathing treatment. Staff K did not offer to assist with toileting and did not check for incontinence prior to exiting the room. At 9:02 A.M. Staff K returned to the resident's room, completed the resident's breathing treatment, and visited with the resident. Staff K did not offer to assist the resident with toileting or check for incontinence prior to exiting the room at 9:25 A.M. At 9:53 A.M. the resident remained seated in his/her wheelchair reading a newspaper. The surveyor requested a skin check and staff Q assisted the resident to a standing position using his/her walker. The resident's brief had a small amount of dried soft bowel and there was no urine. There was a dime sized reddened area observed on the resident's right inner buttock, which did not resolve after 3 minutes of pressure relief from standing.</p> <p>During an observation on 08/17/2015 at 3:43 P.M. administrative nursing staff M assisted the resident to a standing position using his/her walker. Staff M pulled the resident's brief down and observed a small amount of soft bowel and his/her brief was wet. Staff M removed bowel from the resident's bottom using wipes and assessed the resident's buttocks. The resident had a dime sized reddened areas on the right inner buttock, which were non blanchable. Staff M informed the resident he/she needed his/her brief changed and the resident replied he/she was not aware he soiled.</p> <p>During an interview on 08/17/2015 at 7:40:37 A.M. the resident stated he/she was unable to tell</p>	F 315			

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F 315	<p>Continued From page 49 when he/she soiled his/her brief.</p> <p>During an interview on 08/13/2015 at 7:36 A.M. direct care staff O stated he/she was not aware of the reddened area to the resident's right buttock until today and would notify the nurse of any new skin conditions.</p> <p>During an interview on 08/17/2015 at 9:43 A.M. direct care Q staff the resident had sores to his/her bottom. Staff Q reported the resident's buttocks were red and chapped a couple of week ago and stated the nurse instructed him/her to apply protective ointment. Staff Q stated the current interventions to manage the resident's skin conditions included; applying protective ointment to the resident's bottom, and keeping the resident's skin clean and dry. Staff Q stated the resident was not on a toileting program, but he/she checked the resident every 2-3 hours and asked the resident if he/she wanted to go to the bathroom.</p> <p>During an interview on 08/17/2015 at 1:39 P.M. licensed nursing staff K stated the resident had a red area to his/her right buttock. He/she stated the charge nurse was responsible for weekly skin assessments and the wound nurse measured and staged weekly. Staff assisted the resident with toileting every 2 hours.</p> <p>During an interview on 08/17/2015 at 5:14 P.M. administrative nursing staff D reported he/she expected staff to toilet and change the resident every 2 hours, provide pericare care and reposition every 2 hours when in bed, recliner, or wheelchair.</p> <p>Review of the facility's revised Bladder and Bower Management policy dated 7/2015 documented</p>	F 315			

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F 315	Continued From page 50 the facility would complete a bowel and bladder form on all residents on admission and an individualized toileting program would be developed as deemed appropriate. The facility failed to accurately assess and failed to toilet this resident as planned who was frequently incontinent.	F 315			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This Requirement is not met as evidenced by: The facility reported a census of 72 residents with 27 residents in the sample. Based on observation, interview, and record review the facility failed to ensure resident #53 received appropriate ordered treatment and services to prevent further decrease in his/her range of motion. Findings included: - Review of resident #53's signed physician order sheet dated 6/4/2015 documented the following diagnoses: dementia (progressive mental disorder characterized by a failing memory and confusion) and diabetes mellitus (when the body could not use glucose , did not make enough insulin, or the body could not respond to the	F 318			

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F 318	<p>Continued From page 51 insulin).</p> <p>Review of the admission MDS (Minimum Data Set) dated 10/2/2014 documented a BIMS (Brief Interview for Mental Status) score of 12, which indicated moderate cognitive impairment. The resident did not reject care. The resident required extensive assistance of 2 or more staff with bed mobility, transfers, and toileting; did not walk; and used a wheelchair for mobility. The resident received 6 days of occupational therapy and 5 days of physical therapy during the 7 day observation period.</p> <p>Review of the quarterly MDS dated 6/8/2015 documented the resident scored a 9 on his/her BIMS, which indicated moderate cognitive impairment. He/she required extensive assistance of 2 staff with bed mobility, transfers, and toileting; and ambulated only once or twice with assistance of one staff during the 7 day observation period. The resident was only able to stabilize balance with staff assistance and used a walker and a wheelchair for mobility. The resident received 1 day of restorative for transfer practice and 1 day of restorative for eating/swallowing practice during the 7 day observation period.</p> <p>Review of the Cognition CAA (Care Area Assessment) dated 10/6/2014 documented the resident had dementia and scored a 12 on his/her BIMS, which indicated moderate cognitive impairment.</p> <p>Review of the ADL (Activities of Daily Living) CAA dated 10/8/2014 documented the resident required extensive assistance with transfers, bed mobility, dressing, toileting, and bathing, and required limited assistance with personal hygiene.</p>	F 318			

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F 318	<p>Continued From page 52</p> <p>He/she worked with therapy to improve his/her strength and endurance.</p> <p>Review of the resident's care plan dated 3/25/2015 documented the resident required supervised to extensive assistance with ADLs. The care plan directed staff and to provide a restorative program for ambulation.</p> <p>The record dated 7/30/2015 through 8/16/2015 lacked documentation the resident walked to dine or staff offered to walk to dine the resident.</p> <p>On 7/30/2015 a physician order documented the resident was to walk to dine using his/her walker with contact guard assistance and his/her wheelchair to follow.</p> <p>During an observation on 08/13/2015 at 7:28 A.M. direct care staff O entered the resident's room and assisted the resident with dressing and pericare. Staff O told the resident he/she would return to assist the resident with walking to breakfast and then exited the room.</p> <p>During an observation on 08/13/2015 at 8:04 A.M. the resident self propelled in his/her wheelchair to the dining room. Staff O did not returned to assist the resident with walking to the dining room.</p> <p>During an observation on 08/17/2015 at 7:10 A.M. staff Q assisted the resident with a shower and dressing. Staff Q did not offer to assist the resident with walking to the dining room.</p> <p>During an interview on 08/17/2015 at 7:34 A.M. the resident said he/she should walk to the dining room with staff, but did not. The resident stated, "I don't know why" when asked why he/she did not walk to the dining room for meals.</p>	F 318			

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F 318	Continued From page 53 During an interview on 08/17/2015 at 9:39 A.M. direct care staff Q reported the resident was not on a walk to dine program. During an interview on 08/17/2015 at 1:15 P.M. licensed nursing staff K stated the nurses knew if a resident was on a walk to dine program by checking orders and the CNAs (certified nursing assistants) were made aware by checking the kardex (a mini careplan) available to them in the electronic record. Staff K reported the resident was on a walk to dine program beginning 7/30/2015. The nurse was unsure who documented the program or where the documentation was located. Staff K confirmed the resident did not walk to dine this morning and stated he/she did not know if staff asked the resident. During an interview on 08/17/2015 at 5:00 P.M. administrative nursing staff D stated CNAs were notified when a resident was placed on a walk to dine program. and were responsible for the walk to dine program. Staff D confirmed the record lacked documentation the walk to dine program occurred since 7/30/2015. Staff D stated the electronic record did not directed the CNAs to document the walk to dine program and that was the reason the CNAs did not perform the program. The facility failed to assist resident #53 with a physician ordered walk to dine program to prevent further decrease in range of motion.	F 318			
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards	F 323			

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F 323	<p>Continued From page 54</p> <p>as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 72 residents. The sample included 27 residents. Based on observation, interview, and record review the facility failed to prevent repeated falls with injury for 1(#72) of 3 residents reviewed for falls.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The electronic clinical record for resident #72 included diagnoses of aftercare for joint hip replacement (due to a fall at home prior to admission) and muscle weakness. <p>Review of the 5 day Minimum Data Set (MDS) dated 5/5/15 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive impairment. The resident had highly impaired vision and wore corrective lenses. The resident required extensive assistance of 1 staff for transfers, toileting, was unsteady and able to stabilize with staff assistance when moved from seated to standing position, moving on and off the toilet, and had no lower extremity impairment. The resident received an antidepressant and a diuretic 7 of 7 days during the 7 day look back period, received Occupational Therapy (OT) and Physical Therapy (PT) 5 of 7 days during the 7 day look back period.</p>	F 323			

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F 323	<p>Continued From page 55</p> <p>Review of the 14 day MDS dated 6/16/15 revealed a BIMS of 15 which indicated no cognitive impairment. The resident had highly impaired vision and wore corrective lenses. The resident required extensive assistance of 1 staff for transfers, toileting, was unsteady and able to stabilize with staff assistance when moved from seated to standing position, moving on and off the toilet, had no lower extremity impairment. The resident had 1 major injury fall since admission. The resident received an injection, antidepressant, anticoagulant, and a diuretic 7 of 7 days during the 7 day look back period, received Occupational Therapy (OT) and Physical Therapy (PT) 5 of 7 days during the 7 day look back period.</p> <p>The Care Area Assessment (CAA) dated 6/1/15 for visual function revealed the resident was legally blind and staff assisted as necessary.</p> <p>The CAA dated 6/1/15 for Activities of Daily Living (ADL) function revealed the resident required extensive assistance with his/her ADLs due to poor vision and his/her recent surgery to repair a fractured hip.</p> <p>Review of the CAA dated 6/1/15 for urinary incontinence revealed the resident needed extensive assistance with his/her transfers on and off the toilet. He/she also had problems with retention of urine and needed intermittent catheterizations, and was also occasionally incontinent of urine.</p>	F 323			

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F 323	<p>Continued From page 56</p> <p>Review of the CAA dated 6/1/15 for falls revealed the resident was at high risk for falls due to his/her history of falls and his/her need for assistance with transfers due to his/her hip fracture which was repaired, he/she scored an 18 on the fall assessment on admission.</p> <p>The care plan dated 5/19/15 for falls recorded Physical Therapy (PT), Occupational Therapy (OT) evaluation and treat, the resident needed activities to minimize the potential for falls while providing diversion and distraction. The revised care plan dated 6/5/15 for falls recorded the resident's call light within reach and staff to encourage the resident to use it for assistance. The resident needed prompt response to all requests for assistance, and to encourage the resident to use proper footwear when ambulating or mobilizing in the wheelchair. The revised care plan dated 7/6/15 for falls recorded staff were to provide the resident appropriate assistive devices (not specified) as ordered.</p> <p>The revised care plan dated 6/5/15 for impaired vision function recorded staff were to arrange a consult with eye care practitioner as required and to arrange the resident room per resident preference.</p> <p>The care plan for ADL Self Care performance deficit dated 5/19/15 and 5/26/15 recorded PT and OT to evaluate and treat the resident. The revised care plan dated 6/5/15 revealed staff were to encourage the resident to use the call light for assistance, The revised care plan dated 7/7/15 recorded the resident was non-weight</p>	F 323			

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F 323	<p>Continued From page 57</p> <p>bearing on the right lower extremity in an immobilizer when up. The revised care plan dated 7/13/15 recorded the resident required extensive assistance of 1 staff with slide board transfer.</p> <p>The fall risk assessments completed on: 5/10/15 after the resident's fall, his/her fall risk score was 16, which indicated the resident was at high risk to fall 5/19/15 fall risk score of 18.0, which indicated the resident was at high risk to fall 6/27/15 after the resident's fall his/her fall his/her fall risk score was 22, which indicated the resident was at high risk to fall 7/6/15 fall risk score of 20, which indicated the resident was at high risk to fall.</p> <p>The nurse's note (NN) dated 5/10/15 at 8:30 P.M. recorded a direct care staff told the nurse the resident was on the floor in the bathroom in the shower and the resident complained of hip pain on his/her right side. Upon assessment the resident had full range of motion on the right lower extremity and no complaints of pain of the right lower extremity. The staff helped the resident to stand and he/she was able to bear weight. Staff assisted the resident to the toilet. Within 15 minutes the resident complained of knee pain and was unable to do range of motion to the right lower extremity. The physician was notified at 8:35 P.M. and the resident was sent to the hospital by ambulance for evaluation at 8:50 P.M.</p> <p>The undated Fall Investigation worksheet</p>	F 323			

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F 323	<p>Continued From page 58</p> <p>recorded the resident received Lasix (a medication used to increase urine output). The resident had increase in confusion in the last 90 days. The resident attempted to transfer self to the toilet from his/her locked wheelchair and the resident required supervision with transfers. The fall was unwitnessed, the resident was injured with uncontrolled knee pain and transferred to a hospital.</p> <p>The X-ray completed at the hospital dated 5/10/15 reported a periprosthetic fracture (a break in the bone around the implant in the femur (thigh bone).</p> <p>The resident required surgery to repair the fracture and replacement of the prosthesis in the femur on 5/12/15.</p> <p>The NN dated 6/27/15 at 3:18 P.M. recorded the resident attempted to take him/herself to the toilet. Nursing staff assessed the resident with no apparent injury and transferred him/her to the wheelchair per the gait belt, The staff notified the physician at approximately 2:25 P.M. and staff received an order for an X-ray of the right hip and knee.</p> <p>The undated witness statement recorded on 6/27/15 at 1 P.M. the staff in the admission's office heard the resident call for help. The resident was on the floor on his/her right hip and held on the wheelchair with his/her left hand. The resident stated he/she went to the bathroom,</p>	F 323			

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F 323	<p>Continued From page 59</p> <p>pulled up his/her pants, and then fell. The resident was able to move the upper and lower extremity. The physician was notified for an X-ray and the staff educated the resident to call for help by using the call light.</p> <p>The unsigned CNA Post Fall and/or Injury Review dated 6/27/15 recorded the resident was transferring from the toilet. The resident required 1 person assist for transfers, was alert and oriented, non ambulatory, able to use the call light and attempted to unsafely toilet. The call light was on. The resident complained of pain. The resident wore slipper socks. The report noted the staff failed to respond timely to the call light to prevent the fall.</p> <p>On 6/27/15 at 9:53 PM an X-ray of the resident's pelvis at the hospital recorded a loosening of the right hip prosthesis.</p> <p>On 6/30/15 the resident required surgery to replace the right hip femoral neck due to the fracture.</p> <p>On 8/17/15 at 5:40 P.M. the resident sat in the wheelchair at the dining room table and initiated feeding self and visiting with other residents.</p> <p>On 8/18/15 at 10:20 A.M. the resident sat in the wheelchair in his/her room and watched television. The resident was not wearing the right knee immobilizer. The call light was on the bed.</p>	F 323			

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F 323	<p>Continued From page 60</p> <p>On 8/18/15 at 10:22 AM an interview with the resident acknowledged he/she fell in the bathroom in May and June. He/she said the staff took too long to assist for toileting and he/she had to toilet so he/she did it him/herself. The resident stated he/she was sometimes incontinent because the staff took too long to respond to the call light. The resident stated he/she was lucky he/she was in a wheelchair so he/she could go get a staff member for assistance.</p> <p>On 8/18/15 at 12:19 P.M. an interview with direct care staff P stated the resident wore his/her leg immobilizer all the time, he/she required limited assist with transfers with a gait belt. This resident was not a fall risk but he/she had a previous fall.</p> <p>On 8/18/15 at 12:26 P.M. an interview with licensed staff L acknowledged the resident wore an immobilizer and it was to be off at night. He/she acknowledged the resident did not have it on earlier today. The resident required 1 staff person to assist with transfers.</p> <p>On 8/18/15 at 12:48 PM an interview with administrative licensed staff D expected staff to respond to call lights promptly.</p> <p>Review of the Falls Prevention policy dated 3/1/11 revealed staff were to place the resident on the Falling Star/Leaf program for a score of 10 or above on the Fall Risk Assessment form and to place a leaf/star on the resident's name plate outside his/her door to alert staff. The staff were to stay with the resident while on the commode or</p>	F 323			

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F 323	Continued From page 61 toilet and to answer the call light promptly. The facility failed to prevent this resident's repeated falls with fractures by not answering the call light promptly, not placing the resident in the Falling Star/Leaf program when identified at high risk for falls, and not staying with the resident while on the toilet.	F 323			
F 329 SS=E	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This Requirement is not met as evidenced by: The facility reported a census of 72 residents.	F 329			

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F 329	<p>Continued From page 62</p> <p>The sample included 27 residents. Based on observation, interview, and record review the facility failed to properly assess and monitor 5 (#369 and #355 lacked an Abnormal Involuntary Movement Scale (AIMS), #24, #370 and lacked targeted behavior monitoring) and (#342 for lack of monitoring medication parameters) for 5 of 5 residents reviewed for medications.</p> <p>Findings included:</p> <p>Review of the signed physician's order sheet dated 8/3/15 for resident #355 revealed diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and altered mental status.</p> <p>Review 5 day Minimum Data Set dated 8/10/15 was not completed. The Brief Interview for Mental Status (BIMS) documented a score of 12 which indicated moderate cognitive impairment.</p> <p>The initial care plan date 8/3/15 for impaired cognition recorded staff were to approach the resident in a calm manner and provide medication as ordered. The resident received Mirtazipine (a medication used for depression), Xanax (a medication used for anxiety), and staff were to administer medications as ordered, monitor for side effects and effectiveness.</p> <p>The electronic clinical record record physician</p>	F 329			

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F 329	<p>Continued From page 63</p> <p>orders dated 8/3/15 revealed an order for Risperidone (an antipsychotic medication) 0.5 mg by mouth daily for bipolar (major mental illness that caused people to have episodes of severe high and low moods).</p> <p>Review of the clinical record lacked documentation of an AIMS.</p> <p>On 8/13/15 at 6:54 A.M. the resident called out for assistance to get up, direct care staff R assisted the resident up in the wheelchair.</p> <p>On 8/18/15 at 8:25 A.M. the resident sat calmly in his/her wheelchair in the alcove with the nurse and received his/her medications.</p> <p>The pharmacy medication review dated 8/4/15 recommended the facility monitor for involuntary movements by use the AIMS now and at least every 6 months.</p> <p>On 8/18/2015 at 12:26 P.M. licensed staff L stated staff completed AIMS assessment on admission.</p> <p>On 8/17/15 at 2:19 P.M. administrative nursing staff E was not sure of the AIMS requirement, acknowledged the resident did not have an AIMS, and did not review the pharmacy recommendations for this resident for the month of August.</p>	F 329			

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F 329	<p>Continued From page 64</p> <p>On 8/18/2015 at 10:10 A.M. administrative staff D acknowledged he/she saw the recommendation from the pharmacy to complete the AIMS for this resident on 8/4/15 but they were not completed.</p> <p>The Abnormal Involuntary Movement Scale policy revised 7/15 directed staff to complete an AIMS assessment on admission.</p> <p>The facility failed to properly assess this resident who received antipsychotic medications.</p> <p>- Review of the electronic clinical record for resident #370 revealed diagnoses of depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness)</p> <p>Review of the care plan dated 8/5/15 for pain revealed the staff were administer medication as ordered, encourage the resident to report pain, and monitor pain characteristics.</p> <p>Review of the physician's order dated 8/4/15 Lorazepam 0.5 milligram by mouth every 8 hours as needed for anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).</p> <p>Review of the physician's order dated 8/5/15 for</p>	F 329			

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F 329	<p>Continued From page 65</p> <p>Zoloft 50 milligrams by mouth daily for depression.</p> <p>On 8/13/15 at 12:15 P.M. the resident calmly sat at the dining room table in his/her wheelchair.</p> <p>On 8/18/15 at 8:25 A.M. the resident sat calmly in his/her wheelchair at the dining room table, he/she initiated to feed him/herself.</p> <p>On 8/18/15 at 12:26 P.M. licensed staff L targeted behaviors were on the Medication Administration Record and some were on the Treatment Administration Record.</p> <p>On 8/17/15 at 3:06 P.M. administrative licensed staff E said there were no targeted behaviors identified for the medication.</p> <p>On 8/18/15 at 12:48 P.M. administrative licensed staff D stated staff started the behavior tool within the electronic record the end of July. The resident's behavior was individualized in the computer by drug class.</p> <p>The Behavior Review and Monitoring policy revised 7/15 directed associates to document the number and frequency of episodes, preceding and precipitating factors, interventions attempted and outcomes associated with the interventions.</p>	F 329			

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F 329	<p>Continued From page 66</p> <p>The facility failed to properly monitor this resident for targeted behaviors for efficacy of an anti-anxiety medication.</p> <p>- The electronic clinical record for resident #342 recorded diagnoses of hypertension (elevated blood pressure).</p> <p>The 14 day Minimum Data Set dated 7/23/15 revealed a Brief Interview for Mental Status score of 15 which indicated no cognitive impairment.</p> <p>On 7/24/15 a physician's order for the staff to monitor the heart rate and blood pressure three times a day for 2 days.</p> <p>On 7/24/15 at 0:57 A.M. the resident heart rate (HR) was 58 beats per minute (BPM), normal is 60 to 100 BPM. The clinical record lacked documentation staff notified the physician of an abnormal result.</p> <p>On 7/24/15 at 4:49 P.M. the resident's HR was 45 BPM. The clinical record lacked documentation staff notified the physician of an abnormal result.</p> <p>On 7/25/15 at 12:53 P.M. the resident's HR was</p>	F 329			

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F 329	<p>Continued From page 67</p> <p>47 BPM. The clinical record lacked documentation staff notified the physician of an abnormal result.</p> <p>On 7/26/15 at 7:40 P.M. the resident's HR was 39. The resident had a syncopal episode (fainted) and was sent to the hospital.</p> <p>On 8/18/15 at 12:26 P.M licensed staff L stated he/she would call the physician or the NP if a resident pulse rate was less than 60 BPM.</p> <p>On DON 8/18/15 at 12:48 P.M. licensed staff D expected staff to obtain parameters for the order to monitor the HR and call the physician when the result was outside the parameter.</p> <p>The facility lacked a policy to direct staff to notify the physician for a vital sign outside normal parameters.</p> <p>The facility failed to notify the physician or the NP for this resident with a low heart rate multiple days prior to the hospitalization due to a low heart rate.</p> <p>- Review of resident #24's signed physician order sheet dated 5/27/2015 documented the following diagnoses: dementia (progressive mental disorder characterized by failing memory and confusion), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear),and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness).</p>	F 329			

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F 329	<p>Continued From page 68</p> <p>Review of the admission MDS (Minimum Data Set) dated 11/18/2014 documented the resident had short and long term memory problems and was severely cognitively impaired. The resident displayed fluctuating inattentiveness and continuous disorganized thinking, which was not a change for the resident. He/she had no hallucinations or delusions, experienced verbal behaviors directed at others and rejected cares for 1 to 3 days during the 7 day observation period. The resident scored a 4 on the mood assessment, which indicated minimal depression. The resident received 1 day of antianxiety, 6 days of antidepressant, and 7 days of antipsychotic medications during the 7 day observation period.</p> <p>Review of the quarterly MDS dated 7/15/2015 documented moderate cognitive impairment with short and long term memory impairment. He/she did not experience inattentiveness, disorganized thinking, delusions, hallucinations, and did not reject cares. He/she displayed verbal aggression directed towards others for 1-3 days during the 7 day observation period. The resident scored zero on the mood assessment, which indicated no depression. The resident received 7 days of antipsychotic, antianxiety, and antidepressant medication during the 7 day observation period.</p> <p>Review of the Cognitive Loss CAA (Care Area Assessment) dated 11/25/2014 documented the resident was alert and oriented to self only, had a diagnosis of advanced dementia with psychosis (any major mental disorder characterized by a gross impairment in reality testing), and was prescribed Risperdal, Aricept, and Namenda (the last two listed were medications to treat behavior and memory).</p>	F 329			

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F 329	<p>Continued From page 69</p> <p>Review of the care plan dated 4/29/2015 documented the resident sometimes resisted cares to include medications, injections, ADL assistance, and eating. The care plan directed the staff to give medications as ordered and if the resident repeatedly refused the staff were to notify the family and physician, identify times/approaches/staff that result in the least resistance, seek different forms of medications from physician if medications refused, talk to the resident and family about reasons of care and potential risks, remind the resident of the resident's potential risk and coax but do not force compliance. The resident was at risk for adverse reactions related to his/her medications and the care plan directed staff to monitor labs as available, note possible signs of oversedation, monitor vital signs, notify physician if any adverse effects are noted, AIMS every 6 months, and work with physician to reduce dose if able.</p> <p>Review of a AIMS (Abnormal Involuntary Movement Scale) dated 4/25/2015 revealed a result of zero.</p> <p>Review of AIMS dated 7/9/2015 documented a 3 (mild) for muscles of facial expressions, a 3 (mild) for lips and perioral a 2 (minimal/mild) for upper choreic (abnormal) movements and a 2 (minimal/mild) for lower leg movements, a 2 (mild) for trunk movements, a 2 (minimal/mild) for global judgements, and a 2 (minimal/mild) for incapacitation due to abnormal movements. An interpretation of the AIMS score was as follows: a score of 2 in 2 or more areas indicated a resident should be referred for a complete neurological exam and a score of 3 or 4 in only one area indicated the resident the resident should have a complete neurological exam.</p>	F 329			

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F 329	<p>Continued From page 70</p> <p>Review of the resident's MAR (medication administration record) lacked documentation of targeted behavior monitoring for June, July, and August 1-4th, 2015.</p> <p>Review of physician orders documented the following medications: Ativan (a medication to treat anxiety) 0.5 mg by mouth every afternoon for behaviors related to dementia, effective 7/1/2015 Risperidone Solution (a medication to treat psychosis) 1 mg/1 ml (milliliter), give 1 mg by mouth twice daily for dementia with behavioral disturbances, effective 6/30/2015</p> <p>During an observation on 08/13/2015 at 8:09 A.M. direct care staff S and U assisted the resident with morning cares. The resident yelled out as staff brushed his/her hair and pushed the toothbrush away as staff attempted to his/her brush teeth. Staff S and U presented as calm and patient with the resident and reapproached as indicated.</p> <p>During an observation on 08/17/2015 7:09 A.M. the resident was lying in bed with his/her eyes closed and no signs of restlessness or agitation.</p> <p>During an interview on 8/13/2015 at 1:00 P.M. direct care staff U reported the resident was not violent, sometimes yelled, and would "fake cry" if he/she did not get his/her blanket soon enough, or if the leg rests to his/her wheelchair were not placed soon enough. Staff U stated the resident was easy to calm, but was resistive to washing his/her face. Staff U stated he/she learned what interventions worked with the resident by working with him/her everyday.</p> <p>During an interview on 08/17/2015 9:37 A.M.</p>	F 329			

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F 329	<p>Continued From page 71</p> <p>direct care staff Q stated the resident yelled, was not violent, and grabbed at times. The resident stated his/her behaviors were due to anxiety and dementia.</p> <p>During an interview on 08/17/2015 at 1:13 P.M. licensed nursing staff K stated the nurses were responsible for monitoring and documenting resident behaviors in the electronic medication administration record.</p> <p>During an interview on 08/18/2015 at 9:31 A.M. licensed nursing staff J stated resident's who received psychotropic medications are monitored daily for targeted behaviors and behaviors were documented on the medication administration record. Staff J stated the CNAs (certified nursing assistants) let the nurses know if the resident had anxiety or other behaviors, but the CNAs did not document the behaviors. Staff J stated the resident's targeted behaviors were yelling out, isolation, withdrawal, and pain. Staff J reviewed the medication administration records for June, July, and August 2015 and confirmed the record lacked documentation of targeted behaviors. Staff J reviewed the AIMS results from 7/9/2015 and stated the resident was not referred for a complete neurological exam and was unsure why.</p> <p>During an interview on 08/17/2015 at 4:49 P.M. administrative nursing staff D stated staff were to refer the resident for a neurological exam based on the resident's AIMS results on 7/9/2015. Staff D confirmed there was not a referral for a neurological exam.</p> <p>During an interview on 08/18/2015 at 9:50 A.M. administrative nursing staff D stated the nurses were responsible for documenting resident</p>	F 329			

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NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209		
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F 329	<p>Continued From page 72</p> <p>targeted behaviors on the medication administration record every shift and every day.</p> <p>Review of the facility's revised Abnormal Involuntary Movement Scale policy dated 7/2015 documented an AIMS would be completed on admission, for any new ordered antipsychotic, with significant change in condition, and quarterly. The results of the AIMS scale may be discussed in the interdisciplinary team meeting and the results shared with the health care provider based on the resident's symptoms and the AIMS results would be used in future care planning.</p> <p>The facility failed to monitor targeted behavior from June 2015 through August 4, 2015.</p> <p>- The Physician's Order Sheet for resident #369 dated 08/04/2015 revealed diagnoses of anxiety state (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and bipolar disorder (major mental illness that caused people to have episodes of severe high and low moods).</p> <p>Review of the Admission Minimum Data Set (MDS) dated 08/11/2015 revealed a Brief Interview for Mental Status (BIMS) of 15 which reflected the resident was cognitively intact and the mood score was a 7 which indicated mild depression. No behaviors were noted during the 7 day look back period. The resident required extensive assistance to two staff for bed mobility, transfer, dressing, personal hygiene and toileting; and extensive assist of one staff for locomotion on and off the unit. He/She received scheduled and PRN (as needed) pain medication. He/She received an anti-psychotic medication 7 out of 7-days; and an antianxiety medication 1 out of</p>	F 329			

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F 329	<p>Continued From page 73 7-days.</p> <p>The Care Area Assessment (CAA) for psychotropic drug use documented the resident received Lithium (used to treat bipolar disorder) and Seroquel (used to treat the symptoms of schizophrenia, bipolar disorder and major depressive disorder) and clonazepam (used to treat seizures and panic disorder) PRN for depression and bipolar disorder.</p> <p>The care plan dated 08/05/2015 for psychotropic medications related to bipolar disorder noted the resident would be/remain free of drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment through next review date. Staff to administer medications ordered by the physician, monitor/document for side effects and effectiveness. Monitor/record/report to MD side effects and adverse reactions of psychoactive medications.</p> <p>During an interview on 08/13/2015 at 1:49 P.M. he/she was concerned about where he/she was going to live when he/she needed to leave the facility. He/She stated he/she fell 14 times in the past 4-years and did not think he/she could go back to where he/she lived.</p> <p>An interview with direct care staff V on 08/13/2015 at 1:47 P.M. stated if he/she saw a resident having behaviors he/she would report this to the nurse. A behavior was something the resident did not do on a daily basis.</p> <p>An interview 08/13/2015 at 4:13:15 P.M. licensed nurse I stated he/she never saw any hitting behaviors, but the resident got really agitated.</p>	F 329			

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F 329	<p>Continued From page 74</p> <p>He/She stated that he/she could usually calm him/her down.</p> <p>During an interview on 08/18/2015 at 12:21 P.M. licensed nurse LL stated there was not an Abnormal Involuntary Movement Scale (AIMS) in the electronic medical record, and said staff should complete one upon admission.</p> <p>On 08/18/2015 at 12:47 P.M. administrative nurse D reviewed both the electronic and hard chart. He/She stated the AIMS were not in either place. He/She stated staff should complete the AIMS when the resident entered the facility if they received anti-psychotic medications.</p> <p>The requested facility policy for AIMS dated 03/2009 and last reviewed 07/2015 documented the following:</p> <ol style="list-style-type: none"> 1.) For each resident who received antipsychotic medications, an AIMS review was completed upon admission, for any new ordered antipsychotic, with significant change of condition (MDS), and quarterly thereafter. 2.) The results of the AIMS scale was discussed in the Interdisciplinary Team meeting and the results shared with the Health Care Provider based on the resident's symptoms. 3.) The results of the AIMS scale were used in future care planning. <p>The facility failed to complete the AIMS assessment upon admission to the facility for this resident who received psychoactive medications.</p>	F 329			
F 353 SS=F	<p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental,</p>	F 353			

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F 353	<p>Continued From page 75</p> <p>and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 72 residents. The sample included 27 residents. Bases on observation, interview, and record review the facility failed to provide sufficient staffing to meet the needs and services of the residents.</p> <p>Findings included:</p> <p>On 8/11/15 at 3:25 P.M. an anonymous resident stated the weekends were short staffed.</p> <p>On 8/11/15 at 4:35 P.M. an anonymous resident stated staff did not respond for 45 minutes to his/her call light.</p> <p>On 8/12/15 at 10:12 A.M. an anonymous resident stated the afternoon was short staffed.</p>	F 353			

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F 353	<p>Continued From page 76</p> <p>On 8/12/15 at 10:21 A.M. an anonymous resident's family member stated the weekends were short staffed.</p> <p>On 8/12/15 at 10:25 A.M. an anonymous resident stated he/she waited 20 minutes for assistance and was incontinent due to waiting for staff.</p> <p>On 8/12/15 at 10:30 A.M. an anonymous resident stated the facility was short staffed in the morning and the staff were inconsistent in their response time when they came into the room.</p> <p>On 8/12/15 at 10:59 A.M. an anonymous resident stated staff left him/her on the toilet, unattended for approximately 30 minutes.</p> <p>On 8/12/15 at 11:22 A.M. an anonymous resident stated staff response to call lights was 15 to 20 minutes.</p> <p>On 8/12/15 at 11:29 A.M. an anonymous resident stated staff response time was slow in the morning and he/she did not always get to breakfast by his/her preferred time of 8:00 A.M.</p> <p>On 8/12/15 at 2:10 P.M. an anonymous resident stated he/she had to wait up to a half an hour for staff assistance.</p> <p>On 8/18/15 at 10:20 A.M. an anonymous resident stated he/she was incontinent because his/her call light was not answered in a timely.</p> <p>8/13/15 at 1:10 P.M. maintenance staff Y stated when the call light was initiated it sent a</p>	F 353			

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F 353	<p>Continued From page 77</p> <p>notification to the electronic paging system and then to the telephone texting system. The escalation of pagers were to the direct staff for the care area for the resident then: 3 minutes later to all the direct care staff on the unit (6 minutes after the initial request for assistance, 3 minutes later to the nurses per text on facility provided cell phones (9 minutes after the initial request) 3 minutes later to administrative staff B per text on facility provided cell phones (12 minutes after the initial request) 3 minutes later to administrative staff A per text on the facility provided cell phone (15 minutes after the initial request). The bells for each resident were used as a back up if the call lights did not work.</p> <p>On 8/13/15 at 1:25 P.M. administrative staff B acknowledged he/she received a text message for an unanswered call light in the past week which indicated a call light was not answered within 12 minutes.</p> <p>On 8/13/15 at 1:28 P.M. administrative staff A acknowledged he/she received a text message for an unanswered call light in the past week which indicated a call light was not answered within 15 minutes. He/she stated there were issues with the system and he/she did not receive a notification in the last 3 days.</p> <p>Observation and interview on 8/13/14 at 3:05 P.M. licensed staff N acknowledged he/she received a text a call light at 2:56 P.M., 2:59 P.M.</p>	F 353			

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F 353	<p>Continued From page 78</p> <p>and 3:02 P.M. He/she did not check on the resident or staff for need of assistance.</p> <p>On 8/17/15 at 3:06 P.M. administrative staff E said he/she expected staff to respond to a resident call light in less than 15 minutes.</p> <p>On 8/18/15 at 10:22 AM an interview with resident # 72 acknowledged he/she fell in the bathroom in May and June. He/she said the staff took too long to assist for toileting and he/she had to toilet so he/she did it him/herself. The resident stated he/she was sometimes incontinent because the staff took too long to respond to the call light. The resident stated he/she was lucky he/she was in a wheelchair so he/she could go get a staff member for assistance.</p> <p>On 8/18/15 at 12:48 P.M. administrative nursing staff D said he/she expected staff to answer call lights in a timely manner.</p> <p>Based on observation, record review and interview, the facility failed to have adequate staffing to provide ADL cares. Please refer to F312 for additional information.</p> <p>Based on observation, record review and interview, the facility failed to have adequate staffing to assess and prevent a decline in skin condition. Please refer to F309 and F314.</p> <p>Based on observation, record review and interview, the facility failed to have adequate staffing to provide adequate care and services for</p>	F 353			

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F 353	Continued From page 79 incontinence and urinary catheter care. Please refer to 315. Based on observation, record review and interview, the facility failed to have adequate staffing to respond timely to prevent a fall with injury. Please refer to F323. The Staffing policy dated 4/2007 provided by the facility reported the facility maintained adequate staffing on each shift to ensure the resident's needs and services were met. The facility failed to maintain adequate staff to ensure the needs of the residents were met timely.	F 353			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This Requirement is not met as evidenced by: The facility reported a census of 72 residents. Based on observations and interviews the facility failed to ensure staff followed safe food handling practices to prevent the spread of infection in 2 of 4 kitchenettes for 2 of 5 observation days and failed to ensure plates and bowls were properly stored for 5 of 5 observation days. Findings Included:	F 371			

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F 371	<p>Continued From page 80</p> <p>- During an observation on 8/11/15 at 10:15 A.M. and 3:30 P.M. plates were stored upright on the counter next to the serving area in the Tuscany East kitchenette.</p> <p>During an observation on 08/12/2015 at 11:12 A.M. dining staff FF exited the kitchenette carrying a bucket of ice, with a cookie hanging out of his/her mouth, and a phone positioned against his/her left ear and shoulder. Staff FF's hair net, failed to fully cover his/her exposed hair. He/she emptied the ice into a container on the juice bar and returned to the kitchenette.</p> <p>During an observation on 8/12/15 at 2:15 P.M. plates were stored upright on the counter next to the serving area in Tuscany East and West and Piedmont West kitchenettes.</p> <p>During an observation on 8/13/15 at 12:05 P.M. plates were stored in the upright position on the counter next to the serving area in Tuscany East and West kitchenettes.</p> <p>During an observation on 8/13/2015 at 4:50 P.M. dining staff II had contact with contaminated items to include a box of saran wrap, 2 soup cans, and an ink pen during serving of foods. He/she failed to wash his/her hands prior to serving and touched bowls and plates using his/her thumbs on the food surface area and touched bread on one plate during serving of food. Staff Z's apron touched items on the serving area to include a bowl of uncovered orange slices and the serving utensils used to serve the meal.</p> <p>During an observation on 8/13/2015 at 12:05 P.M. plates and bowls were stored in an upright</p>	F 371			

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F 371	<p>Continued From page 81</p> <p>position on the counter next to the serving area in the Piedmont East kitchenette.</p> <p>During an observation on 8/17/15 at 9:10 A.M. plates were stored in the upright position on the counter next to the serving area in Tuscany East and West kitchenettes.</p> <p>During an observation on 8/18/15 at 10:15 A.M. plates were stored in the upright position on the counter next to the serving area in Tuscany East and West kitchenettes.</p> <p>During an interview on 8/12/2015 at 11:20 P.M. dining staff FF stated he/she should not eat or use the phone while servicing the kitchenette and was aware his/her hair net should secure all of his/her hair.</p> <p>During an interview on 8/12/2015 at 5:15 P.M. dining staff II stated he/she washed hands before and after taking food temperatures and after touching things in the drawers. Staff Z stated he/she tried to avoid his/her clothes touching the food and utensils. Dining staff Z stated he/she forgot to wash his/her hands today.</p> <p>During an interview on 8/17/2015 at 4:26 P.M. administrative dining staff EE reported he/she expected staff to wash and dry hands any time there was contact with a contaminated item and expected staff to handle plates and bowls outside the rim where food touched. He/she expected staff's clothing and/or apron to avoid touching utensils or food, staff's hair secured with a hair net, and expected staff to avoid eating and talking on the phone while in the kitchenettes.</p> <p>During an interview on 08/17/2015 at 4:37 P.M. administrative nursing staff D stated he/she</p>	F 371			

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F 371	Continued From page 82 expected staff to wear hair nets properly, avoid eating while serving, avoid talking on the phone during service, and to wash hands as appropriate to prevent infection. He/she was unsure whether it was necessary to store bowls and plates with surface side down. The facility failed to ensure dining staff practice proper handwashing, wore hair nets, and handled plates and bowls appropriately during food service in 2 of 4 kitchenettes for 2 of 5 observation days and failed to ensure plates and bowls were properly stored for 5 of 5 observation days.	F 371			
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This Requirement is not met as evidenced by:	F 425			

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F 425	<p>Continued From page 83</p> <p>The facility reported a census of 72 residents. Based on observation, interview, and recorded review the facility failed to administered medications correctly for resident #355 (medication not given for 10 days), #361 (medications crushed and recommended not crushed), #24 (medication left unattended prior to administration), #181 (incorrect dosage given).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the signed physician's order sheet for resident #355 revealed diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and altered mental status. <p>Review of the 5 day Minimum Data Set dated 8/10/15 revealed a Brief Interview for Mental status score of 12 which indicated moderate cognitively impaired.</p> <p>The initial care plan dated 8/4/15 for impaired cognition recorded staff were to approach the resident in a calm manner and provide medication as ordered.</p> <p>A physician's order dated 8/5/15 recorded Estrace cream 0.1 milligram per gram (mg/gm) insert application vaginally daily on Monday, Wednesday and Friday for wasting of vaginal mucous membranes.</p>	F 425			

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F 425	<p>Continued From page 84</p> <p>Review of the Medication Administration Record (MAR) for the Estrace cream revealed the staff did not administer the medication on and documented the following: 8/7/15 11:05 AM Estrace cream 0.1 mg/gm not supplied on order (due on Friday) 8/10/15 7:29 AM Estrace cream 0.1 mg/gm not supplied on order (due on Monday) 8/12/15 8:51 AM Estrace cream 0.1 mg/gm not supplied on order (due on Wednesday) 8/14/15 9:23 AM Estrace cream 0.1 mg/gm not supplied pharmacy called (due on Friday)</p> <p>On 8/13/15 at 6:54 A.M. an observation of the resident calling out for assistance to get up. Direct care staff R assisted the resident up in the wheelchair.</p> <p>On 8/18/15 at 8:25 AM an observation of the resident revealed he/she calmly sat in his/her wheelchair in the alcove with the nurse and received medications explained per nurse.</p> <p>On 8/17/15 at 9:23 A.M. an interview with licensed staff L stated he/she had to call the pharmacy on Friday 8/14 for them to bring the medication to the facility. He/she acknowledged the facility ordered the Estrace cream on 8/5/15 and the medication did not arrive until 8/14/15. He/she would administer the first dose today.</p> <p>On 8/17/15 at 2:19 P.M. an interview with administrative nursing staff E expected the</p>	F 425			

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F 425	<p>Continued From page 85</p> <p>pharmacy to deliver medication within 24 hours and acknowledged the resident had not received the Estrace cream since admission.</p> <p>On 8/18/15 at 12:48 P.M. an interview with administrative licensed staff D stated the pharmacy should deliver scheduled medications within 24 hours. He/she acknowledged the Extrace cream for resident #355 was not given for 10 days</p> <p>Review of the delivery and receipt of routine medications policy dated 12/1/07 revealed staff were to check for a communication slip which indicated the reason the medication was not delivered and contact the pharmacy for an explanation.</p> <p>The facility failed to correctly administer this medication as ordered for this resident for a period of 10 days.</p> <p>- The electronic clinical record for resident # 181 included a diagnosis of anemia.</p> <p>The 5 day Minimum Data Set dated 7/17/15 revealed a Brief Interview for Mental Status score of 15 which indicated no cognitive impairment. The resident received anticoagulant, an antibiotic, and a diuretic 7 of 7 days during the 7 day look back period.</p>	F 425			

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F 425	<p>Continued From page 86</p> <p>Review of the Care Area Assessment dated 5/22/15 for pain revealed the resident experienced pain with movement and during his/her therapy due to his/her post surgical fractured hip. He/she used the ordered pain medication .</p> <p>A physician's order dated 7/17/15 for Prednisone 40 milligrams (mg) per mouth (PO) daily per record review was not signed off by the facility .</p> <p>Review of the Medication Administration Record dated 7/17-31/15 recorded staff administered the previous order of Prednisone 20 mg PO daily to the resident.</p> <p>On 8/18/15 at 7:00 P.M. administrative nursing staff D indicated he/she was unaware of this medication transcription error.</p> <p>The Medication Pass policy dated 4/1/11 directed staff to administer medication the way the physician ordered it.</p> <p>An interview 8:13/15 at 5:00 P.M. with licensed staff N said staff call lab results to the physician and the Nurse Practitioner (NP) were here a lot too so sometimes we hand them to them.</p> <p>The facility failed to correctly administer the medication as ordered.</p>	F 425			

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F 425	<p>Continued From page 87</p> <p>- Resident #64 Physician Order Sheet reviewed 08/19/2015 at 2:19 P.M. documented diagnoses of pneumonia (inflammation of the lungs) and congestive heart failure (CHF- a condition with low heart output and the body becomes congested with fluid).</p> <p>The Admission Minimum Data Set (MDS) dated 07/16/2015 documented a Brief Interview for Mental Status (BIMS) score of 15 which indicated he/she was cognitively intact. The Mood score of 02 reflected minimal depression. The resident required extensive assist of 2 staff for locomotion on the unit and supervision of 1 staff off the unit. The resident was not steady on his/her feet but can stabilize with human assistance. He/She is always continent of bowel and bladder. He/She received an antidepressant, anticoagulant, antibiotic and a diuretic 7 out of 7 days of the look back period. The resident required oxygen.</p> <p>The care plan dated 07/22/2015 for altered cardiovascular status documented to administer medications as ordered by the physician, which included daily weights, assess for shortness of breath and cyanosis (the appearance of a blue or purple coloration of the skin or mucous membranes due to the tissues near the skin surface having low oxygen saturation) during care, give oxygen as ordered by the physician, monitor/document/report to MD changes in lung sounds on auscultation (i.e. crackles), edema and weight, perform labs as ordered and report abnormal labs to the physician. The resident was at risk for dehydration or fluid deficit due to diuretic use.</p> <p>Staff to monitor for dehydration the sodium,</p>	F 425			

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F 425	<p>Continued From page 88</p> <p>potassium, chloride, BUN and urine specific gravity should be reviewed. The Lasix medication can cause he/she to become dehydrated.</p> <p>Per MAR (Medication Administration Record) the physician ordered Lasix 40-mg on 07/10/2015. The orders were changed on 07/20/2015 for Lasix 40-mg by mouth twice a day x 5-days then resume 40-mg daily. The resident received the medication 07/21 she didn't receive on 07/22 and 07/23. She didn't receive 2 of 5-days and then the HCP ordered on 07/23 to start on 7/24 an increase to 60-mg by mouth twice a day.</p> <p>An interview on 08/17/2015 at 4:19 P.M. administrative nurse E stated the initials on the lab dated were those of consultant. The lab should have a date and initials by who reviewed them.</p> <p>The facility failed to document notification of the physician with lab results.</p> <p>- During initial tour the facility on 8/11/15 at 9:55 A.M. observation revealed an unattended 8 ounce brownish black liquid with white clumps resting atop the east Piedmont health care unit medication cart.</p> <p>At 10:03 AM. (unattended for 8 minutes) licensed nurse J returned to the medication cart and identified the liquid as coca-cola with the medications for resident #24. Licensed nurse J identified the medications as Prednisone (a steroid), aspirin, and Celexa (an antidepressant medication)</p>	F 425			

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F 425	<p>Continued From page 89</p> <p>Interview on 8/11/15 at 10:03 A.M. Licensed nurse J acknowledged/she left the mediations unattended.</p> <p>Interview on 8/13/15 at 12:00 P.M. administrative licensed nurse D stated he/she was unaware there were medications left unattended on the mediation cart.</p> <p>The facility Storage of medications policy revised April 2015 documented The nursing staff were responsible for maintaining storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>The facility failed to safely maintain medications for this resident.</p> <p>- Resident #361 diagnoses from the Physician's Order Sheet dated 08/01/2015-08/31/2015 documented cerebrovascular disease (CVA-sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain).</p> <p>The Admission Minimum Data Set (MDS) dated 08/04/2015 documented the Brief Interview for Mental Status (BIMS) and Mood score were not completed. There were no behavioral symptoms was noted. The resident required extensive assistance of two staff for bed mobility, transfers, dressing, toileting; personal hygiene and eating required limited assistance of one staff. He/She received scheduled pain medication.</p> <p>The Change in Therapy MSD dated 08/18/2015 was still in progress. The BIMS did reflect the resident had long and short term memory problems and was severely impaired in cognitive</p>	F 425			

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F 425	<p>Continued From page 90</p> <p>skills for daily decision making. He/She required extensive assistance of two person assist for bed mobility, transfer, locomotion on the unit, toileting and dressing; extensive assistance of one staff was required for locomotion off the unit. He/She was not steady, only able to stabilize with staff assistance.</p> <p>The Care Area Assessment (CAA) for Urinary Incontinence and Indwelling catheter dated 08/04/2015 documented see ADL (Activities of Daily Living) charting, therapy evaluation and notes 07/29-08/04/2015. Resident had a Foley catheter due to his/her impaired mobility from his/her recent intercranial bleed (CVA) which caused him/her to have impaired mobility and needed extensive assistance with his/her transfers. The resident had a feeding tube.</p> <p>The initial care plan dated 07/29/2015 documented the resident had a feeding tube due to NPO (nothing by mouth) status post stroke. Staff to auscultate lung sounds as ordered and check for tube placement and gastric contents/residual volume and record. Hold feeding per physician orders, monitor tube for signs and symptoms of infection. The dietitian would evaluate as needed, monitor caloric intake, estimate needs, and make recommendations for changes to tube feeding as needed.</p> <p>The pharmacy review completed on 08/04/2015 documented the resident had an order to "crush" medications and had orders for medications that were not recommended crushed per the manufacturer's guidance. The pharmacist documented: On 08/13/2015 at 5:44 P.M. the potassium tablet was still ordered in tablet form. On 08/13/2015 at 5:45 P.M. the ferrous sulfate</p>	F 425			

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F 425	<p>Continued From page 91</p> <p>was still ordered in tablet form.</p> <p>Recommendation from the pharmacist: Please change ferrous sulfate to liquid. Please clarify potassium to dissolve in water prior to administering.</p> <p>An observation on 08/17/2015 at 3:11 P.M. licensed nurse JJ showed the medication cards of Ferrous Sulfate and Potassium, and stated there were no liquids on the cart for Ferrous Sulfate and Potassium for this resident.</p> <p>An interview conducted on 08/17/2015 at 4:02 P.M. with administrative nursing staff E stated the physician signed off on the admission orders and there was no set time when the doctor reviewed the pharmacy recommendations.</p> <p>08/18/2015 at 3:31 P.M. licensed nurse NN stated that he/she did not pass the potassium on his/her shift, but did crush the Ferrous Sulfate on his/her shift.</p> <p>The requested facility policy Medication Pass dated 10/2006 and revised 04/01/2011 documented administer all medications the way the physician ordered. If unable to administer the medication as ordered, contact the physician and have the route of administration changed.</p> <p>The facility failed to administer Ferrous Sulfate and Potassium to the resident as recommended for the safe and effective use of these medications.</p> <p>- - Resident #64 Physician Order Sheet reviewed 08/19/2015 at 2:19 P.M. documented diagnoses of pneumonia (inflammation of the</p>	F 425			

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F 425	<p>Continued From page 92</p> <p>lungs) and congestive heart failure (CHF- a condition with low heart output and the body becomes congested with fluid).</p> <p>The Admission Minimum Data Set (MDS) dated 07/16/2015 documented a Brief Interview for Mental Status (BIMS) score of 15 which indicated he/she was cognitively intact. The Mood score of 02 reflected minimal depression. The resident required extensive assist of 2 staff for locomotion on the unit and supervision of 1 staff off the unit. The resident was not steady on his/her feet but can stabilize with human assistance. He/She is always continent of bowel and bladder. He/She received an antidepressant, anticoagulant, antibiotic and a diuretic 7 out of 7 days of the look back period. The resident required oxygen.</p> <p>The care plan dated 07/22/2015 for altered cardiovascular status documented to administer medications as ordered by the physician, which included daily weights, assess for shortness of breath and cyanosis (the appearance of a blue or purple coloration of the skin or mucous membranes due to the tissues near the skin surface having low oxygen saturation) during care, give oxygen as ordered by the physician, monitor/document/report to MD changes in lung sounds on auscultation (i.e. crackles), edema and weight, perform labs as ordered and report abnormal labs to the physician. The resident was at risk for dehydration or fluid deficit due to diuretic use.</p> <p>Staff to monitor for dehydration the sodium, potassium, chloride, BUN and urine specific gravity should be reviewed. The Lasix medication can cause he/she to become dehydrated.</p>	F 425			

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F 425	Continued From page 93 Per MAR (Medication Administration Record) the physician ordered Lasix 40-mg on 07/10/2015. The orders were changed on 07/20/2015 for Lasix 40-mg by mouth twice a day x 5-days then resume 40-mg daily. The resident received the medication 07/21 she didn't receive on 07/22 and 07/23. She didn't receive 2 of 5-days and then the HCP ordered on 07/23 to start on 7/24 an increase to 60-mg by mouth twice a day. An interview on 08/17/2015 at 4:19 P.M. administrative nurse E stated the initials on the lab dated were those of consultant. The lab should have a date and initials by who reviewed them. The facility failed to document notification of the physician with lab results.	F 425			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This Requirement is not met as evidenced by: The facility reported a census of 72 residents. The sample included 27 residents. Based on observation, interview, and record review the facility failed to properly follow up on pharmacy recommendations for 2 (#355, #24) of the 5	F 428			

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F 428	<p>Continued From page 94 reviewed.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the signed physician's order sheet for resident #355 revealed diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and altered mental status. <p>Review of the 5 day Minimum Data Set (MDS) dated 8/10/15 was not completed. The Brief Interview for Mental Status (BIMS) completed revealed a score of 12 which indicated moderate cognitive impairment.</p> <p>The initial care plan date 8/3/15 for impaired cognition recorded staff were to approach the resident in a calm manner and provide medication as ordered. For psychotropic medication the resident received Mirtazipine (a medication used for depression), Xanax (a medication used for anxiety), staff were to administer medications as ordered, and monitor for side effects and effectiveness.</p> <p>The electronic clinical record record physician orders dated 8/3/15 Risperidone (an antipsychotic medication) 0.5 mg by mouth daily for bipolar (major mental illness that caused people to have episodes of severe high and low moods).</p>	F 428			

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F 428	<p>Continued From page 95</p> <p>Review of the clinical record lacked documentation of an AIMS.</p> <p>On 8/13/15 at 6:54 A.M. an observation of the resident calling out for assistance to get up, direct care staff R assisted the resident up in the wheelchair.</p> <p>On 8/18/15 at 8:25 AM an observation of the resident calmly sat in his/her wheelchair in the alcove with the nurse and received medications.</p> <p>The pharmacy medication review dated 8/4/15 suggested the facility monitor for involuntary movements by use of the Abnormal Involuntary Movement Score (AIMS) now and at least every 6 months.</p> <p>On 8/18/2015 at 12:26 P.M. licensed staff L stated staff completed the AIMS on admission.</p> <p>On 8/17/15 at 2:19 P.M. administrative nursing staff E was not sure of the AIMS requirement, acknowledged the resident did not have an AIMS, and did not review the pharmacy recommendations for this resident for the month of August.</p> <p>On 8/18/2015 at 10:10 A.M. administrative staff D acknowledged he/she saw the recommendation from the pharmacy to complete the AIMS for this</p>	F 428			

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F 428	<p>Continued From page 96</p> <p>resident on 8/4/15 but it was not completed at this time.</p> <p>The Abnormal Involuntary Movement Scale policy revised 7/15 directed staff to complete an AIMS assessment on admission.</p> <p>The facility failed to follow the pharmacy recommendations to properly assess this resident who received an antipsychotic medication.</p> <p>- Review of resident #24's signed physician order sheet dated 5/27/2015 documented the following diagnoses: dementia (progressive mental disorder characterized by failing memory and confusion), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness).</p> <p>Review of the admission MDS (Minimum Data Set) dated 11/18/2014 documented the resident had short and long term memory problems and was severely cognitively impaired. The resident displays fluctuating inattentiveness and continuous disorganized thinking, which was not a change for the resident. He/she had no hallucinations or delusions, experienced verbal behaviors directed at others and rejected cares for 1 to 3 days during the 7 day observation period. The resident scored a 4 on the mood assessment, which indicated minimal depression. The resident received 1 day of antianxiety, 6 days of antidepressant, and 7 days of antipsychotic medications during the 7 day observation period.</p>	F 428			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209		
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F 428	<p>Continued From page 97</p> <p>Review of the quarterly MDS dated 7/15/2015 documented moderate cognitive impairment with short and long term memory impairment. He/she did not experience inattentiveness, disorganized thinking, delusions, hallucinations, and did not reject cares. He/she displayed verbal aggression directed towards others for 1-3 days during the 7 day observation period. The resident scored zero on the mood assessment, which indicated no depression. The resident received 7 days of antipsychotic, antianxiety, and antidepressant medication during the 7 day observation period.</p> <p>Review of the Cognitive Loss CAA (Care Area Assessment) dated 11/25/2014 documented the resident was alert and oriented to self only, had a diagnosis of advanced dementia with psychosis (any major mental disorder characterized by a gross impairment in reality testing), and was prescribed Risperdal, Aricept, and Namenda (medications to treat behavior and memory).</p> <p>Review of the care plan dated 4/29/2015 documented the resident sometimes resisted cares to include medications, injections, ADL assistance, and eating. The care plan directed the staff to give medications as ordered and if the resident repeatedly refused the staff were to notify the family and physician, identify times/approaches/staff that result in the least resistance, seek different forms of medications from physician if medications refused, talk to the resident and family about reasons of care and potential risks, remind the resident of the resident's potential risk and coax but do not force compliance. The resident was at risk for adverse reactions related to his/her medications and the care plan directed staff to monitor labs as available, note possible signs of oversedation,</p>	F 428			

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F 428	<p>Continued From page 98</p> <p>monitor vital signs, notify physician if any adverse effects are noted, AIMS every 6 months, and work with physician to reduce dose if able.</p> <p>Review of AIMS dated 7/9/2015 documented a 3 (mild) for muscles of facial expressions, a 3 (mild) for lips and perioral a 2 (minimal/mild) for upper choreic (abnormal) movements and a 2 (minimal/mild) for lower leg movements, a 2 (mild) for trunk movements, a 2 (minimal/mild) for global judgements, and a 2 (minimal/mild) for incapacitation due to abnormal movements. An interpretation of the AIMS score was as follows: a score of 2 in 2 or more areas indicated a resident should be referred for a complete neurological exam and a score of 3 or 4 in only one area indicated the resident should be referred for a complete neurological exam.</p> <p>Review of a pharmacy medication regimen dated 8/12/2015 documented a recommended for a gradual dose reduction of Risperdal (a medication to treat psychosis) 1 mg (milligram) by mouth twice daily to 0.5 mg by mouth every morning and 1 mg at bedtime with an end goal of discontinuation of the medication.</p> <p>A review of physician orders revealed an order for Risperidone Solution 1 mg/1 ml (milliliter), give 1 mg by mouth twice daily for dementia with behavioral disturbances, effective 6/30/2015</p> <p>During an observation on 08/13/2015 at 8:09 A.M. direct care staff S and U assisted the resident with morning cares. The resident yelled out as staff brushed his/her hair and pushed the toothbrush away as staff attempted to his/her brush teeth. Staff S and U presented as calm and patient with the resident and reapproached as indicated.</p>	F 428			

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F 428	<p>Continued From page 99</p> <p>During an observation on 08/17/2015 7:09 A.M. the resident was lying in bed with his/her eyes closed and no signs of restlessness or agitation.</p> <p>During an interview on 8/13/2015 at 1:00 P.M. direct care staff U reported the resident was not violent, sometimes yelled, and would "fake cry" if he/she did not get his/her blanket soon enough, or if the leg rests to his/her wheelchair were not placed soon enough. Staff U stated the resident was easy to calm, but was resistive to washing his/her face. Staff U stated he/she learned what interventions worked with the resident by working with him/her everyday.</p> <p>During an interview on 08/17/2015 9:37:32 AM direct care staff Q stated the resident yelled, was not violent, and grabbed at times. The resident stated his/her behaviors were due to anxiety and dementia.</p> <p>During an interview on 08/18/2015 at 9:31 A.M. licensed nursing staff J reviewed the AIMS result dated 7/9/2015 and stated the resident should have been referred for a complete neurological exam and was unsure why a referral was not made.</p> <p>During an interview on 08/18/2015 at 10:27 A.M. administrative nursing staff D he/she received the recommendation from the pharmacy consultant to consider a decrease in the resident's Risperidone on 8/12/2015 and he/she placed the recommendation in the physician's folder on 8/13/2015. Staff D stated he/she expected the physician to address the recommendation by this time.</p> <p>The facility failed to address pharmacy consultant</p>	F 428			

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F 428	Continued From page 100 recommendation in a timely manner for a gradual dose reduction of antipsychotic medication.	F 428			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This Requirement is not met as evidenced by:	F 431			

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F 431	<p>Continued From page 101</p> <p>The facility reported a census of 72 residents. Based on observation, interview, and record review the facility failed to properly store medication in 1 of 4 medication carts, 1 of 2 treatment carts, and 1 of 2 medication rooms.</p> <p>Findings included:</p> <p>On 8/11/2015 at 10:10 A.M. on initial tour an opened and undated lantus insulin (a medication used to lower blood sugar levels) and an opened novolog pen (a medication used to lower blood sugar levels) dated 7/6/15 were in 1 of 4 medication carts.</p> <p>On 8/11/15 at 10:10 A.M. licensed staff PP acknowledged the insulin was expired.</p> <p>On 8/11/15 at 10:20 A.M. on initial tour under the sink in 1 of 2 medication rooms were Vitamin C: 1 card expired 3/8/15, 4 cards expired 4/15/15, 3 cards expired 4/28/15.</p> <p>On 8/11/15 at 10:20 A.M. licensed staff RR would notify the the unit manager for direction on what to do with the expired medications.</p> <p>On 8/11/2015 at 10:25 A.m. administrative license staff E stated he/she would dispose of the medication.</p> <p>On 8/11/2015 at 10:33 A.M. on initial tour there was a jar of petroleum jelly in the treatment cart expired 3/4/15.</p>	F 431			

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F 431	Continued From page 102 On 8/11/15 at 10:33 A.M. licensed staff LL acknowledged the medication was expired. Review of the Medication storage policy dated 4/2007 recorded the facility would not use outdated drugs or biologicals and such drugs would be returned to the dispensing pharmacy or destroyed. The facility failed to properly label insulin and failed to properly dispose of expired medications and ointments.	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a	F 441			

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F 441	<p>Continued From page 103</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 72 residents. The sample was 27 residents. Based on observation, record review, and interview the facility failed to demonstrate proper use of removing soiled laundry from resident rooms to the laundry.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - An observation on 08/12/2015 at 10:54 A.M. revealed direct care staff carried unbagged laundry to the soiled utility room. <p>Interview with administrative staff D on 08/18/2015 at 5:58 P.M. stated the expectation was staff should bag the laundry when carried in the hallway.</p> <p>The requested facility policy documented the facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p>	F 441			

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F 441	Continued From page 104 The facility failed to transport soiled laundry in a sanitary manner.	F 441			
F 505 SS=D	483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. This Requirement is not met as evidenced by: The facility reported a census of 72 residents. The sample size was 27 residents. Based on observation, record review, and interview the facility failed to notify the physician timely of laboratory test results for 3 (#88, #181, #25) of 8 residents reviewed for laboratory results. Findings included: - The electronic clinical record for resident # 88 recorded diagnoses of atrial fibrillation (rapid, irregular heart beat). The admission Minimum Data Set dated 7/15/15 recorded a Brief Interview for Mental Status score of 14 which indicated no cognitive deficit. The resident received an anticoagulant (a medication to prevent blood from clotting) 7 of 7 days during the 7 day look back period. The care plan initiated 7/22/15 for altered cardiovascular status related to atrial fibrillation revealed staff were to administer the medications as ordered by the physician. Review of the laboratory result dated 7/23/15 for	F 505			

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F 505	<p>Continued From page 105</p> <p>an international normalized ratio (INR) result of 1.9, the normal value was 2 to 3. The result form lacked a facility staff member initial or signature. The electronic record lacked documentation staff notified the physician of this subtherapeutic test result. The physician initialed the laboratory form on 7/27/15, 4 days after the result was available to the facility.</p> <p>On 8/13/15 at 5:00 P.M. an interview with licence staff N stated staff called the laboratory results to the physician and the nurse practitioners (NP) were here a lot too so sometimes we handed the results to them.</p> <p>On 8/17/15 at 2:52 P.M. administrative staff E acknowledged the nurses' notes lacked documentation of the physician notification of the INR on 7/23 and were not signed by the physician until 7/27/15.</p> <p>During an interview on 08/17/2015 4:41:28 P.M administrative nursing staff D expected staff to know if laboratory results were reviewed by the NP and were initialed. If not initialed, the nurses were to call the laboratory results to the on call physician. The nurse was expected to document on the laboratory sheet or make a progress note to indicate they notified the physician. If the record lacked initials or signatures it was assumed the practitioner was not informed of the laboratory results. The facility did not have a system in place for laboratory monitoring or physician notification of laboratory results.</p>	F 505			

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F 505	<p>Continued From page 106</p> <p>The facility lacked a policy or procedure to direct staff to notify the physician or NP with laboratory results.</p> <p>The facility failed to notify the physician or the NP of lab results for this resident.</p> <p>- The electronic clinical record for resident # 181 included a diagnosis of anemia.</p> <p>The 5 day Minimum Data Set dated 7/17/15 revealed a Brief Interview for Mental Status score of 15 which indicated no cognitive impairment. The resident received anticoagulant, an antibiotic, and a diuretic 7 of 7 days during the 7 day look back period.</p> <p>Review of the Care Area Assessment dated 5/22/15 for pain revealed the resident experienced pain with movement and during his/her therapy due to his/her fractured hip and surgery to repair it.</p> <p>The laboratory (lab) result form completed on 7/20/15 of a potassium result of 2.7 milimoles per liter (mmol/L), normal value of 3.5 to 5.1 mmol/L. The lab form lacked initials of facility staff, physician or nurse practitioner (NP).</p> <p>The lab result form completed on 7/23/15 at 5:39 A.M. potassium result of 3.4 mmol/dl lacked a</p>	F 505			

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F 505	<p>Continued From page 107</p> <p>facility staff signature, NP initials and was initialed by the physician on 7/27/15 with a note he/she was not notified of the lab result.</p> <p>On 8/13/15 at 5:00 P.M. licensed staff N stated staff called the lab results to the physician, the NP were here a lot so the lab results were handed to them.</p> <p>On 8/17/15 at 2:44 P.M. licensed staff PP stated he/she would hand the results to the NP and he/she always documented on the lab form when the physician was called.</p> <p>During an interview on 08/17/2015 4:41:28 P.M administrative nursing staff D expected staff to know if laboratory results were reviewed by the NP and were initialed. If not initialed, the nurses were to call the laboratory results to the on call physician. The nurse was expected to document on the laboratory sheet or make a progress note to indicate they notified the physician. If the record lacked initials or signatures it was assumed the practitioner was not informed of the laboratory results. The facility did not have a system in place for laboratory monitoring or physician notification of laboratory results.</p> <p>The facility lacked a policy or procedure to direct staff to notify the physician or the NP with laboratory results</p> <p>The facility failed to notify the physician or the NP of a lab result for this resident.</p>	F 505			

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F 505	<p>Continued From page 108</p> <p>- Review of resident #25's signed practitioner progress note dated 7/10/2015 documented the following diagnoses: chronic wound ulcers (non healing wounds) to both legs and venous insufficiency (veins have difficulty pumping blood).</p> <p>Review of the admission MDS (Minimum Data Set) dated 6/23/2015 documented a BIMS (Brief Interview for Mental Status) score of 15, which indicated the resident had intact cognition. The resident 3 days of anticoagulant (a medication used to thin the blood) medication during the 7 day observation period.</p> <p>Review of the ADL (Activities of Daily Living) CAA (Care Area Assessment) dated 6/29/2015 documented the resident required supervised to limited assistance with ADL tasks.</p> <p>Review of the care plan dated 6/16/2015 directed staff to obtain labs as ordered, report abnormal lab results to the doctor, monitor/document/report anticoagulant complications</p> <p>On 7/23/2015 an INR (Internal Normalized Ratio, a test used to determine the bloods clotting</p>	F 505			

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F 505	<p>Continued From page 109</p> <p>ability) was drawn and had result of 1.4. The lab lacked notification from nursing of the practitioner being informed of the results. There was a notation by the practitioner on 7/27/2015 the lab results were not notified to him/her prior to 7/27/2015..</p> <p>A review of a nursing progress note dated 7/23/2015 lack documentation of the practitioner notification of INR results.</p> <p>During an interview on 08/17/2015 at 12:50 P.M. licensed nursing staff K stated the practitioner's are usually in the facility so lab results were taken to them for review. Staff K stated when the results were phone the nurse would document directly on the lab results or make a note in the progress notes.</p> <p>During an interview on 08/17/2015 at 4:41 P.M. administrative nursing staff K stated practitioners usually remained in the facility until 5:00 to 6:00 P.M., asked the nurse for labs to review, and once reviewed he/she initiated on the lab. Staff K stated the nurses knew if the lab lacked initials he/she were to call the lab results to the on call physician and document on the lab sheet or make a progress note in the medical record to indicate he/she notified the physician. Staff K stated If the lab results lacked initials or signatures the practitioner was not informed of the lab results. Staff K stated there was no system in place at this time to monitor for completion of lab notification.</p> <p>The facility failed to timely notify the physician of INR lab results.</p>	F 505			
F 520 SS=F	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	F 520			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 520	<p>Continued From page 110</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This Requirement is not met as evidenced by: The facility identified a census of 72 residents. The sample included 27 residents. Based on observation, record review and interview the facility Quality Assessment and Assurance (QAA) committee failed to identify and remedy issues that required an action plan.</p> <p>Findings included:</p> <p>- During an interview on 8/18/15 at 2: 24 P.M. administrative staff A stated the facility had</p>	F 520			

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F 520	<p>Continued From page 111</p> <p>monthly QAA meetings with the medical director present quarterly, administrative staff A chaired the meetings and the medical director, department managers, director of nurses, social services, dietary manager, and maintenance/housekeeping attended.</p> <p>Administration A stated issues were brought to the committee through completed assignments given to each department, stand up meeting and daily rounds.</p> <p>During an annual resurvey 8/11/15 through 8/18/15 revealed the following:</p> <p>The facility failed to ensure the QAA committee addressed resident choices. Refer to F242.</p> <p>The facility failed to ensure the QAA committee addressed the development of comprehensive care plans. Refer to F279.</p> <p>The facility failed to ensure the QAA committee addressed the revision of resident care plans. Refer to F280.</p> <p>The facility failed to ensure the QAA committee addressed care and services to provide for residents highest level of well being. Refer to F309.</p> <p>The facility failed to ensure the QAA committee addressed activities of daily living related to grooming and assistance with eating. Refer to F312.</p> <p>The facility failed to ensure the QAA committee addressed the development of avoidable pressure sores. Refer to F314.</p>	F 520			

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F 520	<p>Continued From page 112</p> <p>The facility failed to ensure the QAA committee addressed urinary incontinence and catheter use. activities of daily living related to catheter and incontinent care. Refer to F315.</p> <p>The facility failed to ensure the QAA committee addressed the care and services required to prevent a decline in range of motion. Refer to F318.</p> <p>The facility failed to ensure the QAA committee addressed prevention of accident hazards. Refer to F323.</p> <p>The facility failed to ensure the QAA committee addressed unnecessary medications Refer to F329.</p> <p>The facility failed to ensure the QAA committee addressed staffing needs of the residents. Refer to F353.</p> <p>The facility failed to ensure the QAA committee addressed sanitary storage and services in the kitchen and dining areas. Refer to F371.</p> <p>The facility failed to ensure the QAA committee addressed availability, and proper delivery of medications. Refer to F425.</p> <p>The facility failed to ensure the QAA committee addressed following up with pharmacy recommendations regarding medications. Refer to F428.</p> <p>The facility failed to ensure the QAA committee addressed safe storage and labeling of medications Refer to F431.</p>	F 520			

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F 520	<p>Continued From page 113</p> <p>The facility failed to ensure the QAA committee addressed infection control issues. Refer to F441.</p> <p>The facility failed to ensure the QAA committee addressed the timely notification of the physician with laboratory results. Refer to F505.</p> <p>The facility failed to have an effective Quality Assessment and Assurance program in place to monitor and implement corrective actions for the issues identified.</p>	F 520			